

**DEPARTMENT OF HUMAN SERVICES**

**REPORT ON FISCAL YEAR 2009**



**State of Hawaii**



## **DIRECTOR'S MESSAGE FOR DHS 2009 ANNUAL REPORT**

Aloha!

I am proud to release this annual report on activities of the State of Hawaii Department of Human Services (DHS) during the 2009 fiscal year. This report provides an in-depth understanding of how DHS serves vulnerable and needy adults and children across the Islands.

As the second-largest State department, DHS manages an annual budget of nearly \$2 billion. Our employees work hard to provide timely, efficient and effective programs, benefits and services that empower clients to achieve self-sufficiency, self-determination, independence, healthy lifestyles and personal dignity.

DHS has four divisions: the Benefit, Employment and Support Services Division, the Med-QUEST Division, the Social Services Division and the Vocational Rehabilitation and Services for the Blind Division. Together, these divisions:

- Help clients escape poverty and achieve full employment;
- Prevent abuse and neglect among children and vulnerable adults;
- Strengthen families and promote positive youth development;
- Provide high-quality Medicaid health insurance to low-income adults and children, and
- Assist people with disabilities so they can enter or re-enter the workforce.

I want to thank all our DHS staff members who work diligently to reach the high goals we set for ourselves. Looking ahead, we will strive for even greater progress in the years to come, in keeping with our commitment to continuous quality improvement.

If you need more information on any benefits, services or programs DHS offers, please do not hesitate to call my office at (808) 586-4996.

Mahalo,

A handwritten signature in black ink, appearing to read 'Lillian B. Koller'.

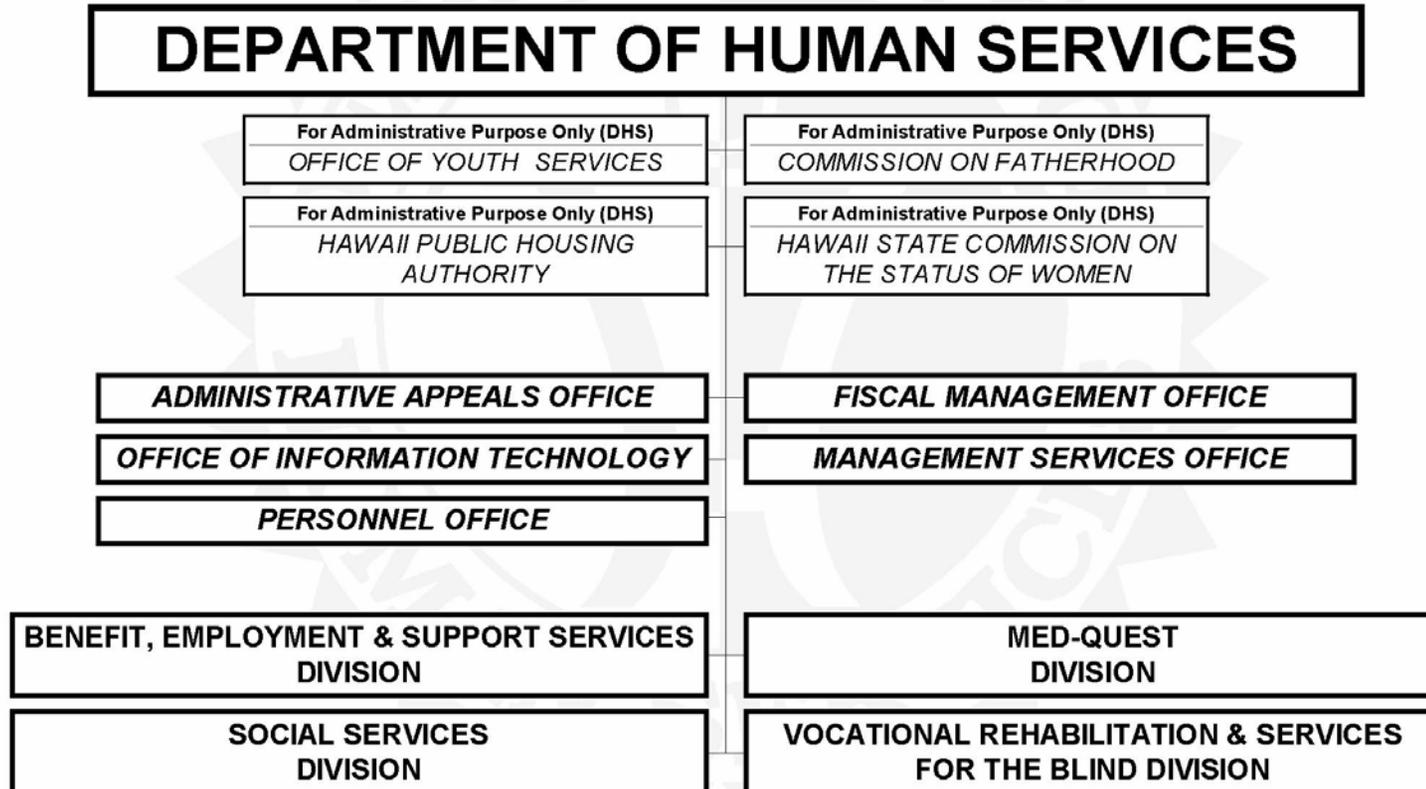
Lillian B. Koller  
DHS Director

## TABLE OF CONTENTS

<b>ORGANIZATION CHART</b>	<b>1</b>
<b>CHAPTER</b>	
<b>ONE: INTRODUCTION</b>	<b>2</b>
<b>TWO: DHS ACHIEVEMENTS</b>	<b>4</b>
<b>THREE: SELF-SUFFICIENCY</b>	<b>9</b>
<b>A. Benefit, Employment &amp; Support Services Division (BESSD): Programs, Services, Achievements, and Looking Ahead</b>	<b>9</b>
1) Temporary Assistance for Needy Families (TANF) and Temporary Assistance for Other Needy Families (TAONF)	9
2) First-To-Work Program (FTW)	17
3) Employment and Training (E&T)	20
4) Child Care Connection Hawaii (CCCH)	22
5) Head Start Collaboration Project	24
6) General Assistance (GA)	26
7) Aid to the Aged, Blind, and Disabled (AABD)	29
8) Supplemental Nutrition Assistance Program (SNAP)	32
<b>B. Vocational Rehabilitation and Services for the Blind Division (VRSBD): Programs, Services, Achievements, and Looking Ahead</b>	<b>34</b>
1) Vocational Rehabilitation Program	34
2) Ho'opono Services for the Blind Program	37
3) Disability Determination Program	38
<b>FOUR: PROTECTION</b>	<b>40</b>
<b>A. Social Services Division (SSD): Programs, Services, Achievements, and Looking Ahead</b>	<b>40</b>
1) Child Welfare Services (CWS)	41
2) Adult Protective Services (APS) in the Adult and Community Care Services Branch (ACCSB)	54

<b>FIVE: HEALTH</b>	<b>56</b>
<b>A. Med-QUEST Division (MQD): Programs, Services, Achievements, and Looking Ahead</b>	<b>56</b>
1) Hawaii QUEST Managed Care (QUEST)	58
2) Hawaii QUEST Expanded Access (QExA)	58
3) Medicaid Fee-For-Service	59
4) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	59
5) QUEST-Net	60
6) QUEST Spenddown	60
7) QUEST-ACE (Adult Coverage Expansion)	60
8) Transitional Medical Insurance	61
9) State Children’s Health Insurance Program (S-CHIP)	61
10) Immigrant Children’s Program	62
11) Medical Assistance for Pregnant Legal Immigrant Women Program	62
12) Breast and Cervical Cancer Program	63
13) Funeral Payments Program	64
14) Third Party Liability Program	64
15) Medicare Modernization ct – Medicare Part D	64
16) State Pharmacy Assistance Program (SPAP)	65
17) Hawaii Rx Plus Program	65
18) Medicaid Waiver Program	67
19) Health Insurance Portability and Accountability Act (HIPAA)	67
<b>B. Social Services Division Medicaid Waiver and Other Home and Community-Based Services in the Adult and Community Care Services Branch (ACCSB): Programs, Services, Achievements, and Looking Ahead</b>	<b>68</b>
<b>SIX: ADMINISTRATION AND SUPPORT SERVICES</b>	<b>71</b>
<b>A. DHS Administration and Support Services</b>	<b>71</b>

<b>B. Investigation and Recovery Office</b>	<b>72</b>
<b>SEVEN: ATTACHED AGENCIES</b>	<b>74</b>
<b>A. OFFICE OF YOUTH SERVICES (OYS): Programs, Services, Achievements, and Looking Ahead</b>	<b>74</b>
<b>1) Positive Youth Development</b>	<b>74</b>
<b>2) Youth Gang Prevention and Intervention</b>	<b>74</b>
<b>3) Truancy Prevention and In-School Suspension</b>	<b>74</b>
<b>4) Adolescent Diversion – Ho’okala</b>	<b>74</b>
<b>5) Community-based Outreach and Advocacy</b>	<b>75</b>
<b>6) Community-based Residential Services</b>	<b>75</b>
<b>7) Hawaii Youth Correctional Facility (HYCF)</b>	<b>76</b>
<b>8) Federal Grant Programs</b>	<b>76</b>
<b>B. HAWAII PUBLIC HOUSING AUTHORITY (HPHA)</b>	<b>78</b>
<b>C. HAWAII STATE COMMISSION ON THE STATUS OF WOMEN</b>	<b>79</b>
<b>D. HAWAII COMMISSION ON FATHERHOOD</b>	<b>81</b>
<b>APPENDIX</b>	
<b>I BUDGET FOR FISCAL YEAR 2009</b>	<b>82</b>
<b>II ELIGIBILITY AND BENEFIT CRITERION</b>	<b>83</b>
<b>III. ELIGIBILITY AND BENEFIT CRITERION</b>	<b>84</b>





The Queen Liliuokalani Building on 1390 Miller Street in downtown Honolulu houses the administrative offices of the Department of Human Services.

## **CHAPTER ONE: INTRODUCTION**

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) by the State Legislature in 1959 after statehood. In 1988, the Department was again reorganized and redesignated as the Department of Human Services (DHS). Currently, DHS has almost 2,500 permanent positions and a budget of over \$1.85 billion annually.

Our committed staff strives, day-in and day-out, to provide timely, efficient, and effective programs, services, and benefits, for the purpose of achieving the outcome of empowering those who are the most vulnerable in our State to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

DHS has four divisions that provide different kinds of assistance.

- The Benefit, Employment and Support Services Division (BESSD) provides financial assistance, employment support and dependency diversion and prevention services, and child care licensing.
- The Med-QUEST Division (MQD) provides health insurance to low-income families, children and individuals.
- The Social Services Division (SSD) provides protective services for abused adults and children, family strengthening, child abuse and neglect prevention services, and licensing certain long-term care home and community-based providers.
- The Vocational Rehabilitation and Services for the Blind Division (VRSBD) helps persons with disabilities and the blind become employed, start their own businesses and live independently.

DHS also has two administratively attached agencies: the Office of Youth Services (OYS) and the Hawai'i Public Housing Authority (HPHA). OYS provides community-based services to Hawai'i's at-risk youth to prevent delinquency and maintains the State's only youth correctional facility. HPHA manages and maintains housing and emergency shelter and transitional shelter opportunities with resident support services to Hawai'i's residents.

Two commissions, the Hawaii State Commission on the Status of Women (HSCSW) and the Hawaii State Fatherhood Commission, are administratively attached to DHS. The HSCSW was established to aid in the implementation of recommendations, to develop long-range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawaii. The Hawaii Commission on Fatherhood was established by Act 156, SLH 2003, and directs the Commission to serve in an advisory capacity to State agencies to promote healthy family relationships between parents and children.

The four divisions of DHS, along with its two administratively attached agencies, are assisted by five staff support offices, providing administrative hearings for clients, fiscal management, information technology systems support, management services, research, personnel and other services. DHS maintains offices statewide in 88 separate locations.

## **CHAPTER TWO: DHS ACHIEVEMENTS**

The State of Hawaii Department of Human Services (DHS) continues to improve the lives of our clients by finding innovative and cost-effective ways of helping these individuals achieve self-sufficiency, independence, health and well-being.

Under the Lingle-Aiona Administration's strong leadership since December 2002, DHS helps low-income residents gain access to quality health care, provides additional work opportunities for people on government assistance, and funds prevention programs that help youth achieve academic success and prepare for rewarding careers.

Here is a chronological list of notable DHS accomplishments during 2009:

### **HELPING HOSPITALS CARE FOR THE UNINSURED**

In March 2009, Lt. Governor James R. "Duke" Aiona, Jr. and Human Services Director Lillian Koller presented \$14.4 million in new federal funding to Hawaii's private and public hospitals statewide to help defray the cost of caring for uninsured patients. DHS obtained the funds from the federal Centers for Medicare & Medicaid Services.

In total, DHS has given hospitals about \$100 million in additional funding since 2005. This includes \$69.4 million in federal-only funds, plus \$31 million in federal and matching state funds through the federal Disproportionate Share Hospital program. Prior to 2005, Hawai'i hospitals had not received federal funds for charity care since 1994.

### **HAWAII'S FIRST RECEIVING HOME FOR FOSTER CHILDREN OPENS**

Ho'omalulu O Na Kamali'i ("Protection and Safety for Children"), Hawaii's first receiving home for foster children, opened in March 2009 in Ma'ili on Oahu.

Built on State land, this 4,000-square-foot home enables siblings to stay together in a safe and nurturing environment while DHS Child Welfare Services (CWS) social workers investigate reports of alleged abuse or neglect.

This new facility gives CWS social workers extra time to assess the children's needs and find the best possible location for a longer-term placement, such as with relatives, if the children cannot be safely returned to their biological parents.

Hawaii Self Storage Owner and Family Programs Hawai'i Board Member Mike Wood and his family donated \$1 million to the State in August 2007 to begin development of Ho'omalulu O Na Kamali'i. In addition, the Wood family donated money for furnishings, fixtures, equipment and operating expenses. Family Programs Hawaii operates the home under a contract with DHS.

### **FEDERAL OFFICIALS RECOGNIZE CHILD WELFARE IMPROVEMENTS**

In March 2009, the U.S. Department of Health and Human Services officially recognized DHS for completing a wide range of improvements since 2004 to the child welfare system that significantly enhanced the safety, well-being and stability of children in State care.

Required changes to the system were detailed in a two-year Program Improvement Plan (PIP) developed for Hawaii following a 2003 assessment by federal officials and DHS. Every state has a PIP as part of the federal government's nationwide Child and Family Services Review.

Hawai'i's PIP called for completing more than 350 benchmark "action steps," 19 performance indicators and five systemic improvements to comply with national "best practice" standards.

This aggressive overhaul of the child welfare system would not have been possible without the leadership of the Lingle-Aiona Administration, the hard work of the DHS staff and strong partnerships with the Family Court and numerous community-based social service agencies.

These improvements helped decrease the number of children in foster care from 3,000 in 2003 to just 1,500 in 2009. During the same period, the child re-abuse rate fell by half to just 3.1 percent, which is far better than the nationally accepted standard of 6.1 percent. This means Hawai'i's children are now among the safest in the nation.

### **NUTRITION BENEFITS INCREASED**

Hawai'i residents enrolled in the Supplemental Nutrition Assistance Program (SNAP) gained a 13.6 percent boost in their monthly cash benefits starting in April 2009.

The increase in benefits was funded by the American Recovery and Reinvestment Act of 2009. This \$787 billion economic stimulus package includes \$20 billion to pay for the 13.6 percent SNAP benefit hike nationwide and to reimburse states for administrative costs associated with increased caseloads.

To help more residents enroll in SNAP, DHS plans to raise the income limit to 200 percent of the Federal Poverty Level – the maximum allowed by federal law – and eliminate the assets test for qualified households. In addition, DHS wants to provide five months of transitional SNAP benefits to individuals who successfully exit the welfare rolls because their incomes have grown.

SNAP, formerly known as the Hawai'i Food Stamp Program, is administered by DHS and funded by the U.S. Department of Agriculture and the State. About 110,000 Hawai'i residents currently receive food aid through SNAP.

### **NEW SAFE HOUSES FOR TROUBLED TEENAGERS**

In April and May 2009, DHS opened three additional Ke Kama Pono ("Children of Promise") safe houses for troubled teenagers. The group homes were established in Kona on the Big Island, Wailuku on Maui and Kalaeloa on Oahu. The original Ke Kama Pono home opened in 2005 in East Hawaii.

These safe houses offer a much-needed alternative to placing teens in institutional settings, such as the Hawaii Youth Correctional Facility. The homes are for teens who have been involved in minor offenses, such as truancy and running away from home. The supportive, nurturing and highly structured environment helps teens realize their potential and prepare for college and careers.

### **HELPING YOUTH WITH DISABILITIES OBTAIN EMPLOYMENT**

In June and July 2009, the DHS Vocational Rehabilitation and Services for the Blind Division conducted a summer employment program for 68 students with disabilities, such as learning

disorders, autism, mental retardation and blindness. More than \$132,000 in federal funding for this six-week program was provided by the American Reinvestment and Recovery Act of 2009.

The employment program, held in collaboration with the State Department of Education, Special Education Section, helped students transition out of school and into the job market. Students participated in summer employment, internships and on-the-job training to help them develop skills, acquire experience and launch their careers.

The program helped young people from the ages of 16 to 22 who receive vocational rehabilitation services from DHS.

## **REDEVELOPMENT OF PUBLIC HOUSING PROJECTS**

The Hawaii Public Housing Authority announced in August 2009 that it would partner with the Michaels Development Company to carry out the mixed-income redevelopment of the Kuhio Park Terrace and Kuhio Homes public housing projects.

Kuhio Park Terrace, built in 1965, is a 614-unit complex comprised of two 16-story high-rise buildings and 14 low-rise buildings (two single family homes, four duplexes and eight row townhouse buildings) built in 1965. Kuhio Homes, built in 1953, is a 134-unit family complex comprised of 21 two-story buildings.

The conceptual design proposed by Michaels Development features an increased mix of households, including public housing, project-based voucher and market rate units. Most importantly, the proposed redevelopment includes one-for-one replacement of public housing units for Hawaii's low-income community.

The conceptual design also includes substantial renovation of the Kuhio Park Terrace towers, construction of a new mid-rise apartment for seniors; and development technologies that would minimize impact on the adjacent stream bed and residential community.

The final development plan will incorporate comments from residents, property management staff, government officials and the public. The 13-year development schedule will also strengthen the local economy by creating employment opportunities ranging from construction jobs to case management services.

## **FEDERAL BONUS FOR INCREASING ADOPTIONS**

DHS announced in September 2009 that Hawaii will receive a federal bonus of \$204,000 for increasing the overall number of children adopted from foster care during 2008 and for placing older children with adoptive parents.

DHS earned the bonus through the Adoption Incentives program of the Department of Health and Human Services. Under this program, states receive \$4,000 for every foster child adopted above their 2007 baselines, \$4,000 for every foster child with special needs adopted above their baselines, and \$8,000 for every adopted foster child age nine or older.

Hawaii increased the number of foster child adoptions from 242 in 2007 to 257 in 2008, thus earning a bonus of \$60,000. In addition, 66 foster children ages 9 and older were adopted, resulting in a \$144,000 bonus for the state.

The federal government previously presented DHS with a 2007 Adoption Excellence Award as one of only two states honored in the category of Child Welfare System Improvement.

## **STREAMLINING NUTRITION BENEFITS**

DHS announced in September 2009 that it had further streamlined the process for obtaining SNAP benefits. Under a federal waiver DHS obtained from the USDA, residents can now mail or fax applications to DHS offices statewide, instead of being required to deliver them in person.

In addition, DHS now conducts initial interviews and recertification interviews with SNAP clients over the telephone, rather than in person. This saves time for clients and streamlines the approval process.

Looking ahead, DHS is working with the U.S. Department of Agriculture to expand eligibility for SNAP and provide transitional SNAP benefits to residents for five months after they exit welfare under the Temporary Assistance for Needy Families federal program.

## **ADDITIONAL FEDERAL FUNDING FOR PEOPLE WITH DISABILITIES**

In October 2009, DHS announced that it had applied for and obtained \$1.5 million in federal reallocation funds to help people with disabilities join or advance in the workforce.

DHS received the funding from the Rehabilitation Services Administration (RSA) of the U.S. Department of Education. The money became available primarily because six states relinquished a portion of their basic support funds from the federal government. The RSA then reallocated the funding among Hawai'i and 25 other states.

The DHS Vocational Rehabilitation and Services for the Blind Division is using the money to provide education and training for clients. The money also pays for adaptive equipment that helps clients succeed in the workplace, such as speech recognition software for the blind, hearing devices for the deaf, and vehicle modifications for people who use wheelchairs.

## **FEDERAL REALLOTMENT FUNDS FOR VOCATIONAL REHABILITATION**

By helping 21 clients with disabilities obtain and maintain employment with substantial wages, DHS received nearly \$230,000 in new federal funding from the Social Security Administration.

The DHS Vocational Rehabilitation and Services for the Blind Division helped these clients obtain employment by providing job placement and retention services, counseling, training, assistive technology, college tuition and books, work tools and clothing, license fees, child care, transportation, vehicle repair and other forms of assistance.

The vocational rehabilitation clients then obtained jobs such as a registered nurse, dental assistant, accountant, construction laborer, truck driver, mental health outreach worker, job coach, security attendant, project coordinator, sales associate, car rental agent and independent living specialist. These jobs pay from \$6.58 to \$36 per hour.

DHS continuously helps clients with a wide range of disabilities find and maintain employment. During the past fiscal year, these vocational rehabilitation clients had a net gain in annual earning power of 470 percent.

## **FEDERAL GRANT SUPPORTS FAMILY CONNECTIONS**

In October 2009, the Children's Bureau of the U.S. Department of Health and Human Services, Administration for Children and Families, awarded a three-year grant of \$1.35 million in new federal funding to DHS to improve the lives of at-risk children by strengthening family connections and thus reducing the need to remove children from their parents and place them in out-of-home foster care.

DHS is using the new funding to start the Early 'Ohana Intervention program, which will provide family finding and family connection services that lessen the need for foster care. If children must be removed from their parents for safety reasons, the program will strive to place children with relatives or kin and thus preserve connections with their families and cultures. This program is an enhancement of the existing 'Ohana Conferencing that has been recognized by the Federal Children's Bureau as a best practice.

Community partners assisting with this initiative will include Effective Planning and Innovative Communication (EPIC), Inc., a nonprofit group under contract to DHS.

EPIC aids families by conducting 'Ohana Conferences, in which extended family members, social workers and service providers gather to make the best decisions for the future of at-risk children. EPIC also conducts E Makua Ana Youth Circles designed to help foster youth, ages 16 and older, acquire independent living skills.

EPIC's 'Ohana Connections program finds and engages family members and other kinship family for every child entering foster care. Believing that foster children have a right to maintain their family connections, *'Ohana Connections* works to nurture and support those vital family connections.

DHS will also use the federal funds to launch the Enhanced 'Ohana Connections program, which will help children ages 4 to 14, who have been in foster care for long stretches of time, by promoting emotional ties with their extended family members that may lead to adoptions or guardianships. Up until now, DHS primarily focused this type of family connection service on children ages 3 and younger.

## **CHAPTER THREE: SELF-SUFFICIENCY**

A critical goal of the Department of Human Services (DHS) is to help people to become as self-sufficient as possible, thereby decreasing or eliminating the need for our services. Key to this goal is our ability to help people get employment, keep employment, and increase their wages. Two divisions of the DHS, the Benefit, Employment and Support Services Division (BESSD) and the Vocational Rehabilitation and Services for the Blind Division (VRSBD), provide an effective array of education, training and work activities, as well as support services, to assist clients in achieving this goal. In addition, BESSD provides basic support, such as financial, food stamp benefits (now called “SNAP”), and child care assistance while clients are moving toward self-sufficiency.

### **A. BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD): Programs, Services, Achievements, and Looking Ahead**

The BESSD is the largest division in the DHS. BESSD employees provide a continuum of services, through nine programs that serve different populations, aimed at providing clients with monthly benefits to assist them with such essentials as food, shelter, and child care, as well as employment support and work-training and dependency diversion and prevention.

#### **1) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) and TEMPORARY ASSISTANCE FOR OTHER NEEDY FAMILIES (TAONF)**

##### **Program Description**

TANF and TAONF are the time-limited welfare reform programs for adults with dependent children. These programs are designed to support those with work challenges and to require those who are able to work to do so. Unlike the old welfare program, which fostered dependence and low self-esteem, the TANF and TAONF programs require work and promote self-reliance, responsibility, and family stability. Both TANF and TAONF offer a package of strong incentives and penalties, child care support for working parents, and restructured welfare benefits so that it “pays to work.”

TANF and TAONF provide monthly cash benefits to families for food, clothing, shelter, and other essentials. To qualify, a family must include dependent children under the age of 19 and the family’s total gross income must be under 185% of the 2006 Federal Poverty Level (FPL). For a household of three persons, this means that the monthly gross income must be less than \$2,941 and the net income must be under 38% of the 2006 FPL or under \$610 if the household includes an employable adult. All TANF/TAONF households are permitted to acquire resources or assets, but the combined total must be under \$5,000. Vehicles and the home in which a household resides are exempt from consideration as an asset or resource.

Whether a family participates in TANF or TAONF depends on the household composition. In families in which all members are U. S. citizens and the child has one legal parent residing in the home, the family is eligible for federally-funded welfare under TANF. Families which include at least one non-citizen or at least one citizen from the Compact of Free Association nations (COFAs) are eligible for state-funded welfare under TAONF. Non-citizens are legal immigrants residing for less than 5 years in the U.S. or permanent resident aliens residing in the U.S. for more than 5 years. Other than these different funding sources, the TANF/TAONF programs are identical.

In July 2007, payment standards were increased for the first time since 1994. Payment standards went from 62.5 % of the 1993 FPL to 50% of the 2006 FPL when the Hawaii State Legislature passed S.B. 475 that was introduced by the Administration and signed into law by Governor Linda Lingle as Act 287, Session Laws of Hawaii 2006.

Beginning in FY 2004, the Department began implementing and continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing welfare or keeping people off welfare.

Positive Youth Development and Family Strengthening programs have been established since 2004 at nearly 300 sites around the State. The Department continues to support these programs to improve the lives of needy keiki, teens and their parents through programs that reduce truancy, crime, out-of-wedlock pregnancies, substance abuse and child abuse. These programs are offered in a variety of different venues including the Department of Education through the UPLINK program, the Department of Defense through their About Face! and Healthy Lifestyles programs, the DHS' Office of Youth Services through contracts at youth centers statewide, and through contracts with private agencies such as Read Aloud America, the Girls Scouts, PACT, Goodwill Industries, the Salvation Army, Susannah Wesley, and Catholic Charities.

These programs help to get youth engaged in positive activities during times of the day when they may be at risk of engaging in behavior leading to negative outcomes such as pregnancy, substance abuse and crime. Youth are exposed to positive information on making healthy decisions in their lives and the opportunity for a better life. National studies establish that positive youth development programs reduce teen pregnancy. It is important to continue investing in family poverty prevention.

**By providing a variety of positive youth development programs, including teen pregnancy prevention programs and family strengthening services, there has been a 10% reduction from 2008 to 2009 of single parent households on welfare in Hawaii.**

In FY 2005, the Department implemented a new diversion pilot program called the Up-Front Universal Engagement (UFUE) program meant to divert families from entering into the welfare system by supporting employment and the issuance of a lump sum benefit. The lump sum benefit was issued to divert families from financial assistance for four months without impacting the lifetime eligibility of 60 months. UFUE has since been modified at various times.

By FY 2006, the UFUE program was implemented statewide as a permanent family poverty diversion program and expanded to include families applying for not just TANF but TAONF as well. This program also diverts families from ongoing financial assistance for four months. During the initial four months after application, families receive “non-assistance” benefits that do not impact the lifetime welfare eligibility of 60 months. Participants are immediately referred to a work program and the focus is on getting these individuals employed within the grant diversion period to prevent loss of their lifetime welfare eligibility and to support self-sufficiency efforts by the household.

To comply with changes in the federal welfare law, all adults who meet the federal definition of a “work-eligible individual,” are now required to participate in some activity, whether it is training, counseling, or work to maintain eligibility. Accordingly, in January of FY 2008, the UFUE program was modified to require that families applying for TANF or TAONF must participate in a work-related UFUE program for four months before the family could receive their regular TANF or TAONF assistance payments. Effective October 2008, UFUE became a pay-after-performance TANF assistance program. Once the pay-after-performance system was fully implemented, in State FY 2009, 61.2% households were diverted away from the TANF program and into the job market.

DHS also expanded its employment service program to help businesses meet their labor demands and provide additional work opportunities for individuals on government assistance. SEE Hawaii Work (Supporting Employment Empowerment), began in February 2005 on Oahu and expanded statewide by June 2006. This program provides pre-screened candidates to companies for private sector employment. Employers have the opportunity to train individuals to meet their business needs with candidates who either have had previous job experience or possess basic employment skills. The employer sets and pays the wage to the SEE employee (welfare recipient) and the State reimburses the employer 100% of the State's hourly minimum wage plus 50% of every dollar paid in wages over minimum wage. The employer is also reimbursed 14% of the wages to cover employer expenses and overhead. In addition, the State provides transportation and child care assistance.

In 2006, DHS began offering new financial incentives that encourage clients to seek and maintain employment. This "Reward Work" initiative includes a number of incentive programs.

So far, 10,734 employed welfare recipients have received work incentive subsidies and/or Reward Work payments along with their employment wages. These payments total \$20,082,924.

Reward Work allows welfare recipients who are participating in employment activities to keep 100% of their monthly cash assistance while they work during the first two years on welfare. Previously, welfare checks were reduced when clients began working, which was a disincentive to employment. In addition, Reward Work provides two months of rent payments to help clients stabilize their housing.

Our Reward Work initiatives include an Employment Subsidy program that allows families who have used up their 60 months of welfare eligibility to receive an additional work support of \$200 per month as long as they remain employed and increase their hours of employment. Eligibility for this program was expanded from 24 months to 60 months.

Another Reward Work initiative is a job exit/job retention program that pays bonuses for up to 24 months to families who leave assistance in less than 25 months and remain off assistance and remain employed.

The combination of these initiatives to provide TANF benefits where work-able individuals participate in self-sufficiency activities, and to reward their efforts to become and remain employed, have produced significant results. First, 61.2% were diverted away from the TANF program and into the job market. Second, 54% of those who participate in UFUE obtain unsubsidized or subsidized jobs and 10% of these are so successful that they are able to leave TANF during the initial four-month UFUE period.

**Program Goal**

Families will achieve financial self-sufficiency.

Objective	Measurements
The total economic well-being of the client will improve.	<ol style="list-style-type: none"> <li>1. Average earnings per case will increase.</li> <li>2. The proportion of individuals working will increase.</li> <li>3. Total income will increase.</li> <li>4. Hours worked will increase.</li> </ol>
Family stability will improve.	The percentage of intact (two-parent) households will increase.
Recidivism will be reduced.	Fewer cases will return to welfare once off.
Financial assistance program savings will increase.	Financial assistance program costs will decrease.

## TANF/TAONF Program Achievements

Hawaii's welfare reform program is innovative, progressive and realistic. It provides the right combination of incentives to work and disincentives to remain dependent on public assistance.

- The cost of assistance per TANF household has decreased from a high of \$611 in 1997 to \$571 in fiscal year 2009. The cost of assistance per TAONF household has decreased from \$689 per household in 1997 to \$555 in 2009.
- The average length of time on assistance decreased from 30 months in 1997 to 14.1 months in 2009. However, due to the recent economic recession, there was a slight increase of 1.1 months from FY 2008 when the average length of time on assistance was 13 months.
- Since the implementation of our welfare reform waiver in December 1996, the number of families receiving assistance has decreased from 22,785 cases to 8,661 cases in June 2009 or a 62% decrease.

Most of the 3.6% increase in the TANF/TAONF caseload from 8,358 families per month in FY 2008 to 8,661 families per month in FY 2009 can be attributed to an increase in the number of COFA families being assisted in the TAONF program. The caseload for the TANF program serving U.S. citizens, actually decreased 1%. The TAONF program caseload for families which include at least one non-citizen or at least one COFA citizen increased 15.4% with the COFA cases increasing 81.8%. COFAs made up 49.2% of the total TAONF caseload.

- In 2009, 1,997 households were employed, earning a gross income of \$1.8 million per month and representing a monthly cost savings of \$716,863.

### TANF/TAONF Caseload

Fiscal Year	Families per Month Average	Average Time on Assistance
1997	22,333	30
1998	23,530	29
1999	23,659	27
2000	21,782	13*
2001	19,464	13.3*
2002	16,940	14.8
2003	14,362	16
2004	12,915	15.4
2005	10,642	15
2006	9,837	15
2007	8,381	16
2008	8,358	13
2009	8,661**	14.1

\*Average time on assistance was recomputed from the start of TANF/TAONF on July 1997.

**Welfare Costs  
(By Selected Months)**

	<b>Sept 1997</b>	<b>July 2005</b>	<b>July 2006</b>	<b>July 2007</b>	<b>July 2008</b>	<b>July 2009</b>
Number of Households Assisted	23,573	10,642	9,837	8,381	8,358	8,661
Monthly Benefits Paid to Households	\$12.92 million	\$5.96 million	\$5.09 million	\$4.6 million	\$4.75 million*	\$3.46 million
Gross Earned Income Reported	\$3.7 million \$568/mo \$6,816/yr	\$2 million \$739/mo \$8,868/yr	\$1.7 million \$736/mo \$8,832/yr	\$1.5 million \$903/mo \$10,836/yr	\$1.6 million \$930/mo \$11,160/yr	\$1.8 million \$933/mo \$11,196/yr

\* Standard of assistance was raised from 62.5% of the 1993 FPL to 50% of 2006 FPL effective July 1, 2007 which explains the higher welfare expenditure a year later for the month of July 2008; the standard of assistance decreased from 50% to 48% of the 2006 FPL effective July 1, 2009.

- Contracts with community agencies to provide statewide employment support for two-parent households have been increased.
- There continues to be a focus on expanding training and skill-building programs for our clients who have work challenges due to some kind of disability or other significant barrier. We have contracted for services for victims of domestic violence (DV), substance abusers, and individuals with physical or mental disabilities. While DV work requirements may be suspended, as appropriate, to permit program participation for up to six months with a possible extension of six months, assessments are made on an individual basis to keep the focus on getting these parents engaged in work as soon as it is safe to do so. Compliance with substance abuse programs, medical treatment and skill-building programs are conditions of eligibility for those who need these services. The focus is on helping families achieve self-sufficiency through the contracting of case management services for recovery activities, employment and skill development. These programs and services are intended to improve the self-sufficiency skills of all our families to comply with changes to the federal welfare laws. All adults are now required to participate in some activity, whether it is training, counseling, or work to maintain eligibility.
- SEE Hawaii Work (Supporting Employment Empowerment) is an employer-friendly program that provides pre-screened candidates, who have either previous job experience or possess basic employment skills, to companies in the private sector for employment. Employers are reimbursed for the salaries of our clients whom they hire and train to meet their business needs. The employer sets and pays the wage to the SEE employee (welfare recipient) and the State reimburses the employer 100% of the State's hourly minimum wage plus 50% of every dollar paid in wages over minimum wage. The employer is also reimbursed 14% of the wages to cover employer expenses and overhead. In addition, the State provides transportation and child care assistance. This business-friendly program is a win-win-win for welfare clients, employers and State taxpayers because:
  - SEE transforms lives by helping welfare moms and dads break multi-generational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment.
  - SEE stimulates the economy by helping companies meet their labor demands with minimal cost and effort. Prior to SEE, most of these companies had not hired from the welfare rolls.

- SEE saves taxpayer dollars by reducing our welfare rolls. Most of the SEE clients are eventually hired by the companies that trained them or obtain employment with other businesses.
- As of August 31, 2009, as many as 1,795 welfare recipients have participated in the SEE program.
- The Bridge to Hope program continues to allow individuals to earn a college degree while they work.
- The Supplemental Security Income (SSI) advocacy program, through contracts with the Legal Aid Society of Hawaii greatly enhanced in February 2001, continues to assist disabled individuals receiving federal TANF assistance, and eligible State-funded individuals in the TAONF, General Assistance, and Aid to the Aged, Blind, and Disabled programs, to qualify to receive SSI federal benefits, which are higher than our State benefits, and are not time-limited.

Through the enhanced LASH advocacy contract, 61% of the total TANF/TAONF referrals were approved for SSI/SSDI. 42% of the approvals were for TANF applicants/recipients and 19% of the approvals were for TAONF applicants/recipients.

- The Department continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing welfare and keeping people off welfare.
- The medical review process for GA, TANF and TAONF disabled recipients, performed by contracted physicians and psychiatrists, standardizes the determination of disability to focus more on ability to work and compliance to treatment to ameliorate the disability and enable these recipients to work. We have also implemented a new medical review panel to review all medical findings and to more consistently plan for appropriate support services. These physician and psychiatrist determinations will be utilized by vocational rehabilitation contractors to determine the amount and type of activity the TANF applicant or recipient may perform to better service the applicants and recipients.
- The definition of “temporarily absent and eligible households” was statutorily changed to maintain family assistance while parents are receiving substance abuse and domestic violence services and to allow these services to be funded with federal dollars.
- A simplified reporting system was implemented to decrease the reporting requirements and simplify access to our systems.
- The Reward Work initiatives, which offer further incentives to employment, will continue to be implemented. Early exit and job retention bonuses continue to be offered to those who exit the payment program in less than 25 months and retain employment.
- We are continuing the 21-day pay-after-performance requirement for applicant families, except those with children under the age of six months, those without an adult in the household, and those with one adult caring for a disabled household member.

## Future Planned Improvements

- We are continuing to expedite our application process to allow individuals to enter the work program more quickly.
- The earned income deduction for TANF recipients who are employed and have not received 24 months of TANF will be increased to 55% of their earnings instead of 36%. This will allow TANF recipients to earn up to \$11.25 per hour before they become ineligible for TANF. This is an improvement over the current situation where a TANF recipient in a family of three working 40 hours a week becomes ineligible when earning \$8.25 per hour.
- A memorandum of agreement will be implemented with the Social Security Administration's disability determination contractor to expedite disability determinations for disabled TANF recipients. New procedures are being developed so that a more complete application for Social Security disability benefits is prepared to enable expedited processing.

## People Served by the TANF/TAONF Programs

Each family that receives financial assistance, whether funded through the TANF or TAONF programs, is different. However, we can identify characteristics that are common. The average case size was 2.38 people for TANF and 2.68 people for TAONF in FY 2009.

### Composition of TANF/TAONF Households

Household Composition	TANF	TAONF
No Eligible Adult and 1 Child	20%	7%
No Eligible Adult and 2 Children	8%	4%
No Eligible Adult and 3 or More Children	4%	2%
1 Adult and 0 Children	1%	<1%
1 Adult and 1 Child	30%	13%
1 Adult and 2 Children	17%	9%
1 Adult and 3 Children	9%	4%
1 Adult and 4 or More Children	6%	2%
2 Adults and 1 Child	<1%	18%
2 Adults and 2 Children	<1%	18%
2 Adults and 3 Children	<1%	12%
2 Adults and 4 or More Children	<1%	11%

(Note: Percentages may not total exactly 100% due to rounding.)

**Ethnicity of Individuals Served by TANF/TAONF Programs**

<b>Ethnicity</b>	<b>TANF</b>	<b>TAONF</b>
Other Pacific Islander	4%	41%
Hawaiian/Part-Hawaiian	44%	22%
Caucasian	24%	14%
Filipino	10%	9%
Samoaan	8%	4%
Asian	6%	7%
Other	4%	2%

**Heads of Households of TANF/TAONF Families**

<b>Heads of Households</b>	<b>TANF</b>	<b>TAONF</b>
Female	92%	57%
Male	7%	42%
Under 35 Years Old	67%	67%
Never Married	63%	37%
Married	6%	43%
Common Law	2%	12%
Separated or Divorced	28%	6%
Widowed	<1%	1%
Head of Household Disabled	16%	14%
Head of Household with Grade 12 or Higher Education	63%	24%

Households that include an adult who is without work barriers are allowed to receive TANF or TAONF cash benefits for a maximum of five years (60 months) in their lifetime. In fiscal year 2003, 1,251 cases were closed due to time-limits. In fiscal year 2004, 852 cases were closed due to time-limits and this figure decreased, in keeping with the caseload reductions, to 708 cases in fiscal year 2005, 517 cases in 2006, 477 in 2007, 434 in 2008, and 415 in 2009. The Department continues to expand its outreach activities to ensure that families that are approaching the five-year limit are prepared and have a self-sufficiency plan. Job preparation services, job search skills, training and education are available. We have also expanded our supportive services for those with barriers to employment. Our intent is to assist families towards self-sufficiency as expeditiously as possible.

## **2) FIRST-TO-WORK (FTW)**

### **Program Description**

The First-to-Work (FTW) program, implemented in FY 1997, is a work program designed to assist able-bodied adults to become attached to the workforce. FTW serves TANF recipients and puts emphasis on: employment, skill-building, training, on-the-job training and job search activities. FTW also provides supportive services such as child care, transportation reimbursement and work-related expenses.

Under FTW, the Department offers several work-incentive and job-readiness programs to TANF recipients through partnerships and contracts with public and private agencies:

### **SEE Hawai`i Work (Supporting Employment Empowerment)**

SEE Hawai`i Work (Supporting Employment Empowerment) gives generous wage subsidies to a wide variety of companies to hire welfare clients and train them on the job, where they learn valuable work skills. Most of the SEE clients are eventually hired by the companies that trained them or obtain employment with other businesses. Prior to SEE, most of these companies had not hired from the welfare rolls.

SEE Hawaii Work provides subsidized employment opportunities, primarily in the private, for-profit employment sector, for our FTW participants. Employers are reimbursed 100% of the minimum wages plus 50% of every dollar paid in wages over minimum wage plus 14% of all wages to cover employee-related costs to the employer.

This business-friendly program is a win-win-win for welfare clients, employers and State taxpayers because:

- SEE transforms lives by helping welfare moms and dads break multigenerational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment.
- SEE stimulates the economy by helping companies meet their labor demands with minimal cost and effort.
- SEE saves taxpayer dollars by reducing our welfare rolls.

As of August 31, 2009, 1,795 welfare recipients have participated in SEE, of which 369 are currently in active SEE placements. Of the 828 SEE participants who have successfully completed their SEE assignments, 687 (83%) have already transitioned into unsubsidized employment – many of them for the first time in their life – and have exited TANF.

As of August 31, 2009, 905 employers have participated in the SEE program and 491 of those employers hired welfare recipients.

### **Up-Front Universal Engagement (UFUE)**

To divert clients away from welfare and into the workforce, DHS in 2005 launched Up-Front Universal Engagement (UFUE). This program connects people with the job market at the time they apply for government assistance. From July 1, 2008 to June 30, 2009, about 8,941 households applied for government assistance and were referred to the UFUE program.

Of these 8,941 households, 5,468 (61.2%) were diverted away from the TANF program and into the job market.

## **Reward Work**

In 2006 DHS began offering new financial incentives that encourage clients to seek and maintain employment. This “Reward Work” initiative allows welfare recipients who are participating in employment activities to keep 100% of their monthly cash assistance while they work during the first two years on welfare. Previously, welfare checks were reduced when clients began working, which was a disincentive to employment. In addition, Reward Work provides two months of rent payments to help clients stabilize their housing.

Since its inception, 22,426 employed welfare, and former welfare, recipients have received work incentive subsidies and/or these Reward Work payments along with their employment wages.

## **Program Goal**

To assist able-bodied persons receiving cash assistance to obtain employment and to become self-sufficient.

### **People Served\* by the First-To-Work (FTW) Program**

<b>Island</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>FY 09</b>
<b>Oahu</b>	4,421	4,417	4,398	4,239	5,171
<b>Hawaii</b>	1,442	1,676	1,576	1,624	2,553
<b>Maui/Molokai</b>	497	458	528	608	950
<b>Kauai</b>	333	276	240	269	377
<b>Total</b>	6,693	6,827	6,742	6,740	9,051

\* People served by the FTW Program are all applicants for TANF/TAONF benefits who are monitored for their 21-days of work activity compliance as well as all TANF/TAONF recipients of benefits who are Work Eligible Individuals as defined by federal regulations, including UFUE and SEE Hawaii Work participants.

### **Age Distribution of FTW Clients**

<b>Age</b>	<b>FY 2008</b>		<b>FY 2009</b>	
	<b>Count</b>	<b>Percent of Total</b>	<b>Count</b>	<b>Percent of Total</b>
<16	0	0%	0	0%
16 to 24	1,816	26.9%	2,421	26.8%
25 to 34	2,823	41.9%	3,862	42.7%
35 to 44	1,484	22.0%	1,943	21.4%
45 to 55	529	7.9%	690	7.6%
55+	88	1.3%	135	1.5%
<b>Total</b>	6,740	100%	9,051	100%

### **Ethnic Distribution of FTW Clients**

<b>Ethnicity</b>	<b>FY 2008</b>		<b>FY 2009</b>	
	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>
Part Hawaiian	2,229	33.1%	2,773	30.6%
Caucasian	1,267	18.8%	1,756	19.4%
Filipino	744	11.0%	932	10.3%
Samoan	434	6.4%	516	5.7%
Asian	511	7.6%	562	6.2%
Black, Hispanic	524	7.8%	718	8.0%
Other	1,031	15.3%	1,794	19.8%
<b>Total</b>	6,740	100%	9,051	100%

## Highlights of the First-to-Work Program in FY 2008 and FY 2009

- Success in Meeting Desired Outcomes and Work Participation Rates: The mandatory work participation requirement to be met for the subject Federal Fiscal Year (FFY) 2009 is 50% of all mandatory adults adjusted by the State's earned caseload reduction credit. Hawaii's caseload reduction credit for FFY 2009 is estimated to be 41.6%. The adjusted work participation requirement to be met is 8.4% (50%-41.6% = 8.4%). As of the third quarter of FFY 2009, 35.8% of mandatory households were meeting the work participation requirements. **Therefore, Hawaii is currently exceeding the required participation, 35.8% compared to 8.4%.**

The percentage of TANF recipients in work programs exiting due to employment fell below our planned outcome level. We believe that this outcome is due to the success that we have been having with our new "Up-Front Universal Engagement (UFUE)" program (aka "Grant Diversion" program). UFUE is successfully diverting new applicants to TANF into the job market, instead of welfare, within the first four months of their applications. As a result, those who need more than four months of assistance, job readiness and job placement are transferred to our First-To-Work units, resulting in "harder to serve" clients who require more protracted help from us to exit welfare through employment. However, we will retain our planned ambitious outcome goal in this coming year and are encouraged that our overall federal work participation rate has continued to incrementally improve.

- There were 4,656 intakes into the First-to-Work Program in FY 2008 and 6,816 in FY 2009.
- 3,001 participants were enrolled in Job Readiness in FY 2008 and 4,907 participants enrolled in FY 2009.
- The Work Experience program served 1,196 participants in FY 2008 and 2,158 participants in FY 2009, an 80% increase in participants.
- The SEE Hawaii Work (Supporting Employment Empowerment) program placed 533 participants in subsidized employment in FY 2008 and placed 717 participants in FY 2009.

As of August 31, 2009, 1,795 welfare recipients have participated in SEE, of which 369 are currently in active SEE placements. Of the 828 SEE participants who have successfully completed their SEE assignments, 687 (83%) have already transitioned into unsubsidized employment – many of them for the first time in their life – and have exited TANF.

As of August 31, 2009, 905 employers have participated in the SEE program and 491 of those employers hired welfare recipients.

- 234 FTW participants were placed in adult education in FY 2008 and 238 participants in FY 2009.
- 458 FTW participants were placed in vocational training during FY 2008 and 549 participants in FY 2009.

## **Progress on Program Outcomes**

- During FY 2008, there were 4,737 participants working while in the FTW program. During FY 2009, there were 5,907 participants, or 25% more participants working while in the FTW program.
- A total of 1,596 TANF/TAONF participants exited these welfare programs due to employment during FY 2008 with 2,150 exiting in FY 2009, a 25% increase.
- The average wage during FY 2009 for clients working while on welfare was \$8.99 per hour. The median wage for FY 2009 was \$8.00 per hour.
- Following the TANF Five-Year Strategic Plan, DHS uses its TANF annual block grant to both provide TANF benefits for needy families and to fund poverty prevention contracts with a wide variety of community-based social service agencies statewide.

To determine the effectiveness of these initiatives, DHS commissioned a study by The Lewin Group, a nationally respected human services consulting firm. These experts determined that our TANF-funded anti-poverty community-based programs use research-based approaches proven to reduce teen pregnancies, improve school performance and completion rates, discourage drug and alcohol abuse, build character, develop life skills and promote work preparedness. A copy of the analysis is available online at [www.hawaii.gov/dhs/main/reports](http://www.hawaii.gov/dhs/main/reports).

## **Future Performance Targets**

Performance Targets for the First-to-Work Program for FFY 2010 will be:

- To have 55% of the TANF mandatory population meeting the 30-hour work participation by September 30, 2010. This target compares to the Federal expectation that 50% of the population be in compliance with this requirement by that time.
- To have 6,000 TANF/TAONF able-bodied adults working for pay by September 30, 2010.
- To have 2,200 TANF/TAONF participants exiting these programs due to employment by September 30, 2010.
- To have 750 TANF/TAONF participants in SEE placements by September 30, 2010.

## **3) EMPLOYMENT AND TRAINING (E&T)**

### **Program Description**

The Employment and Training (E&T) program is a statewide work program designed to assist able-bodied adults to become attached to the workforce. This work program replaces the PRIDE program on Oahu. E&T serves Supplemental Nutrition Assistance Program (SNAP) recipients and puts emphasis on: employment, work experience, training, on-the-job training, and limited job search activities. E&T also provides supportive services in the form of a participant reimbursement to cover work-related expenses and child care.

### **Program Goal**

To assist able-bodied persons receiving SNAP benefits (formerly called Food Stamps) to obtain employment and to become self-sufficient.

**Achievements and Highlights of the Employment and Training Program in FY 2008 and FY 2009**

- There were 1,048 intakes into the E&T program in FY 2008 and 1,135 intakes in FY 2009.
- 1,534 clients were served in FY 2008 and 1,628 were served in FY 2009.
- A total of 967 clients were employed in FY 2008 and 924 were employed in FY 2009.
- A total of 361 clients were in job readiness components in FY 2008 and 683 clients were in job readiness components in FY 2009, an 89% increase.
- A total of 136 clients were in an Adult Education component in FY 2008 and 115 clients in FY 2009.
- A total of 139 clients were in a vocational training component in FY 2008 and 120 clients in FY 2009.
- A total of 385 clients were involved in work experience in FY 2008 and 490 clients in FY 2009.
- There were a total of 197 exits due to employment in FY 2008 and 185 exits in FY 2009.
- In FY 2008, the average wage at exit was \$8.40 per hour and the median wage was \$7.50 per hour.

In FY 2009, the average wage at exit was \$11.35 per hour and the median wage was \$8.00 per hour.

**Future Performance Targets**

- To have 1,000 E&T clients employed by June 30, 2010.
- To have 650 E&T clients exit due to employment by June 30, 2010.
- To have 500 E&T clients involved in work experience programs by June 30, 2010.

**Persons Served by the E&T Program**

**Employment and Training Clients Served By County**

<b>Island</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>FY 09</b>
Oahu	1,309	1,213	1,331	1,195	1,114
Hawaii	56	54	93	93	134
Maui	45	112	190	182	266
Kauai	80	74	79	64	114
Total	1,490	1,453	1,693	1,534	1,628

**Age Distribution of Employment and Training Clients**

Age	FY 2008		FY 2009	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
<16	0	0%	0	0%
16 to 24	299	19.5%	388	23.8%
25 to 34	307	20.0%	376	23.1%
35 to 44	417	27.2%	392	24.1%
45 to 55	396	25.8%	358	22.0%
55+	115	7.5%	114	7.0%
Total	1,534	100%	1,628	100%

**Ethnic Distribution of Employment and Training Clients**

Ethnicity	FY 2008		FY 2009	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
Part Hawaiian	513	33.4%	541	33.2%
Caucasian	392	25.6%	448	27.5%
Filipino	199	13.0%	203	12.5%
Samoan	79	5.2%	70	4.3%
Asian	155	10.1%	156	9.6%
Black	58	3.8%	49	3.0%
Hispanic	94	6.1%	118	7.3%
Other	44	2.9%	43	2.6%
Total	1,534	100%	1,628	100%

**4) CHILD CARE CONNECTION HAWAII**

**Program Description**

The Child Care Connection Hawaii Program is a statewide service that offers child care licensing and child care payment assistance to needy families. Under the licensing program, the primary intent is to ensure the safety, health and well-being of children cared for within licensed facilities. Under the payment assistance program, financially needy families can apply for child care assistance if they work or are attending training to become self-sufficient.

**Program Goal**

To assist able-bodied persons receiving cash assistance to obtain employment and to become self-sufficient.

**Program Highlights - Child Care Connection Hawaii in FY 2008 and FY 2009**

- There were 24,394 active families receiving Child Care payment assistance for 31,298 children in FY 2008.  
There were 24,465 active families receiving Child Care payment assistance for 32,199 children in FY 2009.

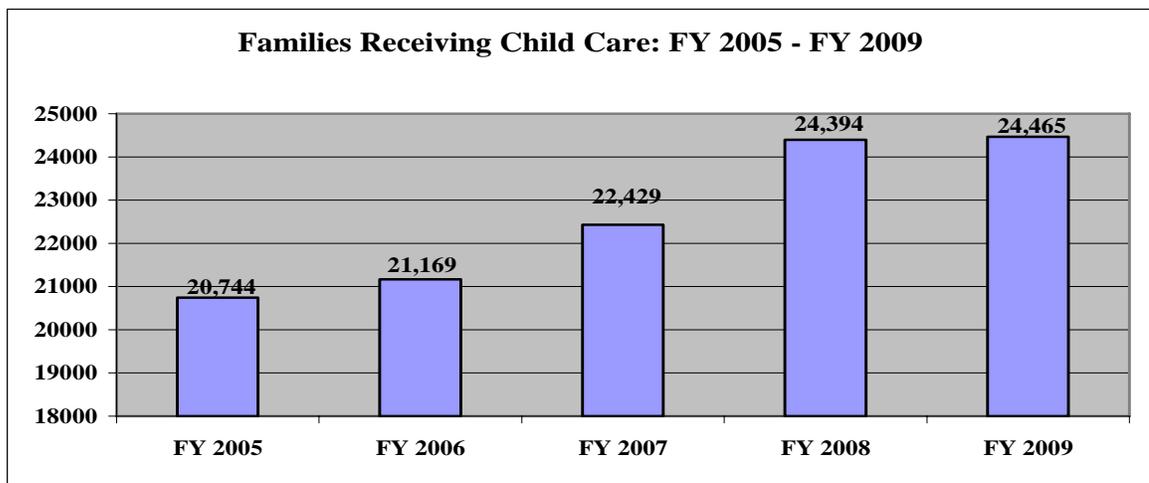
- Payments totaling \$46,494,695 were made to families in FY 2008.  
Payments totaling \$56,891,952 were made to families in FY 2009.
- Number of Family Child Care Homes Licensed in FY 2008: 621  
Number of Family Child Care Homes Licensed in FY 2009: 675
- Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2008: 626  
Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2009: 626
- Licensed Child Care Slots Available in FY 2008: 35,729.  
Licensed Child Care Slots Available in FY 2009: 35,874.

**Future Performance Targets**

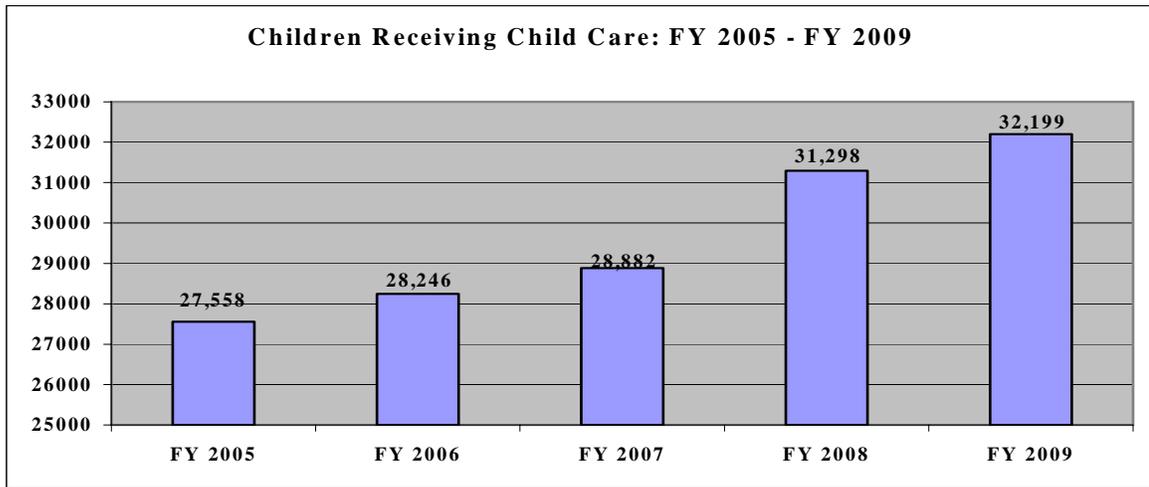
Performance targets for the Child Care Connection Hawaii Program for FY 2010 are:

- To have 680 Family Child Care Homes licensed by June 30, 2010.
- To have 630 Group Care Centers licensed by June 30, 2010.
- To have additional 200+ Child Care Slots available by June 30, 2010.
- To provide child care payments for additional 800+ children by June 30, 2010.

**The People Served:**



**From FY2005 to FY2009, 17.9% more families received child care assistance.**



**From FY2005 to FY2009, 16.8% more children were receiving child care.**

**Ethnic Distribution of Children Receiving Child Care: FY 2008 & FY 2009**

<b>Ethnicity</b>	<b>FY 2008</b>	<b>FY 2009</b>
Part Hawaiian	29.13%	28.61%
Caucasian	18.10%	18.11%
Filipino	16.96%	17.01%
Samoan	3.60%	3.65%
Asian, Black, Hispanic	18.65%	13.29%
Other	13.56%	19.33%

**5) HAWAII HEAD START STATE COLLABORATION PROJECT**

**Program Description**

The Hawaii Head Start State Collaboration Office (HSSCO) is funded by a federal grant through the Department of Health and Human Services, Administration for Children and Families, to ensure state and local level collaboration, coordination and delivery of comprehensive services to children and families of low-income in ten national priority areas: health care, welfare, child welfare (safety), child care, education, community services, family literacy, services relating to children with disabilities, services for homeless children and staff professional development.

The HSSCO works to enhance the capacity of Head Start and other early care and education programs and entities to improve the outcomes and opportunities for low-income children and families in Hawaii through collaborative partnerships, systems-building, and state and local level planning and policy development efforts. The HSSCO serves as a resource and support to the seven Early Head Start/Head Start grantees in Hawaii, and is a liaison between the Federal Office of Head Start and the State of Hawaii.

**Program Goals**

With the recent reauthorization of Head Start (“Improving Head Start for School Readiness Act of 2007”, signed on December 12, 2007), the role of the HSSCO is to further enhance coordination and collaboration among early childhood programs to create a more coherent early childhood delivery system that ensures children and families in need obtain the “full array of services for which they qualify and from which they could benefit.”

## **Head Start Collaboration Project Achievements**

- Submitted a re-funding application and received a grant award for FY 2010.
- Completed a needs assessment of Head Start agencies and developed a five-year strategic plan based on priorities identified in the needs assessment process.
- Participated on the Keiki First Steps Early Learning Council which was established by the State Legislature in 2008 to develop a comprehensive, integrated, and sustainable early learning system. Co-chaired the Direct Services sub-committee of this Council, and participated in another three sub-committees.
- Participated on various State advisory groups to support planning and systems-building efforts: Department of Health (DOH)/Early Childhood Comprehensive Systems (ECCS) Strategic Management Team, P-3 (Provisions for Early Learning Through Grade 3) Advisory, DHS Child Care Advisory, Sequenced Transition to Education in the Public Schools (STEPS) State Team, Early Childhood Positive Behavior Support State Team, Zero-to-Three Partners in Prevention State Team, Child Safety Coalition, Interagency Council on Homelessness, and the Hawaii Careers for Young Children (HCYC) Core Team.
- Assisted in the planning and conducting of the State Launch of the “American Academy of Pediatric Dentistry (AAPD)/Office of Head Start Dental Home Initiative” in an effort to ensure that each Early Head Start and Head Start child has a dental home.
- Submitted a proposal and was awarded an AAPD grant to support the activities of Hawaii’s Dental Home Initiative.
- Assisted in the planning and successful completion of several state conferences, including the Hawaii Association for the Education of Young Children’s Annual Leadership Conference and Annual Early Childhood Conference, the Early Childhood Mental Health Leadership Summit, and the Malama I Na Keiki (Medicaid Outreach Workers) Conference.
- Published a “2009 Hawaii Head Start Fact Sheet” (focused on services to infants and toddlers) and distributed to key stakeholders through a variety of venues.
- Facilitated Early Head Start/Head Start representation in early care and education systems-building planning efforts: Early Learning Council sub-committees, the Good Beginnings Alliance Board and Community Councils, Hawaii Careers with Young Children, and STEPS Community Teams.
- Facilitated partnership-building and increased access to resources by coordinating meetings between the Head Start Association and Hawaii Covering Kids, P-3 Transition, Hawaii Dental Association/Dental Samaritans, Community Case Management Corporation, and Women, Infants and Children Program.

## **Looking Ahead**

- In partnership with Hawaii Careers with Young Children (HCYC) and the State Early Learning Council, create a cohesive and comprehensive system of professional development support for early learning professionals in all communities.

- Increase availability and access to resources to improve oral health, health and mental health outcomes for children.
- Increase collaboration between the Department of Education (DOE) and Head Start agencies for improved communication and coordination of services to children and families.
- Improve developmental outcomes and more successful transitions for children, birth to five, who are homeless.
- Increase coordination and communication between DOE, DOH, and Head Start agencies around services to children with disabilities.
- Develop a system of family support services that results in family strengthening and parent leadership development.
- Increase child care delivery options to address the diverse needs of low-income families.
- In collaboration with the Head Start Association, increase the visibility of Hawaii Head Start through enhanced public relations activities.
- Increase and strengthen Head Start agencies' family literacy supports and outcomes.

## **6) GENERAL ASSISTANCE (GA)**

### **Program Description**

The General Assistance program provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, who are temporarily disabled and who do not qualify for Social Security. To be eligible, the adult must have little or no income, not qualify for a federal category of assistance, and be certified by a DHS medical board to be unable to engage in any substantial employment of at least thirty hours per week for a period of at least sixty days.

The GA program is funded by a block-grant appropriated by the State Legislature each year. This means that to stay within the block-grant appropriation, adjustments to the monthly benefit amount may be made throughout the year based on the number of individuals who are participating in the program. Effective July 1, 2008, the maximum monthly benefit was increased from \$418 to \$469 a month for an individual and may not exceed this amount by statute. This represents the first increase in this standard since 1994. Effective July 1, 2009, the maximum monthly benefit was reduced to \$450 due to a statutory budget reduction in the standard of assistance for all financial assistance programs including GA, TANF, TAONF and AABD. Assets may not exceed \$2,000 for a single person and \$3,000 for a couple to maintain eligibility.

### **Program Goal**

To provide temporary economic assistance to those eligible for financial support, to ensure they receive at least a minimally adequate standard of living.

Objective	Measurements
Eligibility based on disability will be standardized.	All applicants will be referred to a medical provider contracted by the Department and 100% of disability statements will be reviewed by a Departmental board.
Supplemental Security Income (SSI) referrals and approvals will increase.	Based on Departmental board review and recommendation, clients will be referred to the Legal Aid Society of Hawaii for SSI advocacy.

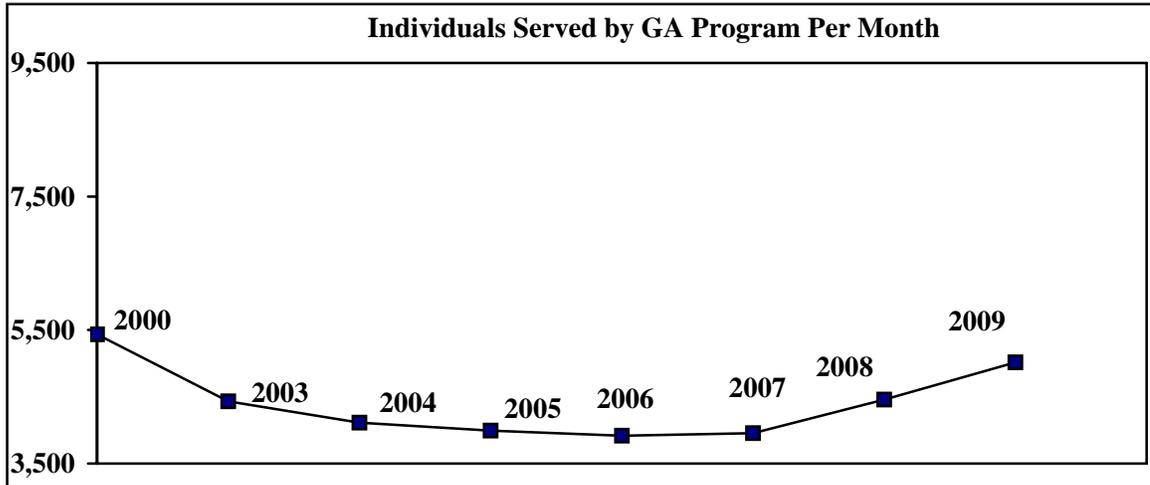
### **GA Program Achievements**

- All individuals who claim a disability are examined by a contracted medical provider. All medical examinations are then reviewed by a Departmental board. This process is implemented statewide and has standardized the definition being used to determine if a person is disabled and eligible for this program. All those needing assistance are now being assessed through the use of a consistent standard.
- The contract for Social Security advocacy services continues to maximize the number of people eligible for federal assistance.
- These above two procedures have been instrumental in decreasing the average length of time on State assistance from 10 months to 8 months and have also enabled the transfer of persons with long-term disabilities to the federally-funded Social Security program.
- The case alert process continues and helps to maximize the referral for federal benefits.
- The medical review process continues to diagnose and service individuals with dual disabilities.
- A Memorandum of Understanding (MOU) with the Public Safety Department and the Hawaii State Hospital was developed to process, in advance, people with serious mental illness being released from these facilities. The MOUs allow these individuals to receive continuous support and services.
- Medical review forms and process were further modified to better service customers with dual disabilities.
- Procedures were modified to allow applicants additional time to provide verification of disabilities before denying assistance.

### **Future Planned Improvements**

- We are working with the contracted Social Security advocate to improve our advocacy program.
- New physicians and psychiatrists are being contracted to determine a GA applicant or recipient's ability to work. This contract will standardize the definition of disability to focus more on ability to work and compliance to treatment. The contracted physicians and psychiatrists will coordinate with a vocational rehabilitation contractor or a substance abuse counselor, to determine the amount and type of activity the GA applicant or recipient may perform to better service the applicants and recipients. For recipients with a diagnosis of substance abuse, compliance to treatment will be closely monitored by the substance abuse and vocational rehabilitation contractors.

- A new medical review panel to review all medical findings and to more consistently plan for support services will be implemented.
- A memorandum of agreement will be implemented with the Social Security Administration's disability determination contractor to expedite the disability determination for disabled TANF recipients. New procedures are being developed so that a more complete application for Social Security disability benefits is prepared to enable expedited processing.



**GA Caseload**

<b>Year</b>	<b>Individuals per Month</b>
1996	12,510
1997	9,273
1998	6,373
1999	5,718
2000	5,434
2001	5,108
2002	4,867
2003	4,432
2004	4,112
2005	3,994
2006	3,917
2007	3,955
2008	4,458
2009	5,014

**Citizenship of Individuals Served by GA Program**

	<b>FY 2009</b>
United States Citizens	94%
Non-citizens	6%

**Ethnicity of Individuals Served by GA Program**

<b>Ethnicity</b>	<b>FY 2009</b>
Caucasian	41%
Hawaiian/Part-Hawaiian	29%
Chinese	2%
Filipino	9%
Japanese	6%
Black	3%
Other Asian	2%
Samoan	3%
Korean	1%
Other Pacific Islanders	5%
Others	0%

**7) AID TO THE AGED, BLIND AND DISABLED (AABD)**

**Program Description**

The Aid to the Aged, Blind and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to adults who are elderly (65 years of age or older) or who meet the Social Security Administration (SSA) definition of disabled. To qualify, individuals must have countable income that is below 50% of the 2006 Federal Poverty Level and may not have resources in excess of \$2,000 for a single person and \$3,000 for a couple.

**Program Goal**

Provide economic assistance to those eligible for financial support to ensure that they receive at least a minimally adequate standard of living.

<b>Objective</b>	<b>Measurement</b>
To guarantee that all of those desiring assistance, who are eligible, receive benefits.	The number of individuals receiving benefits should never be less than 70% of those potentially eligible. It currently is 72%.
Expedite the reimbursement of SSI benefits to eligible households.	All reimbursements will be completed within 10 working days of the Department receiving a warrant from the SSA.

## **AABD Program Achievements**

- The Department is current in its reimbursements of SSA warrants and is meeting the federally imposed timeframe.
- The Social Security advocacy contract was extended to maximize the number of people eligible for federal assistance. This service has been made available to families as well as single people. As a result of this contract, 425 individuals were converted from State assistance to Federal Social Security in FY 2009.

## **Combined Reimbursement of State Funds for AABD, GA and TAONF from the SSA**

<b>Fiscal Year</b>	<b>Reimbursement from the SSA</b>	<b>Cost of Contract with LASH for Reimbursement Activities</b>	<b>Reimbursement to State (Net)</b>
2000	\$2,030,878	\$150,760	\$1,880,118
2001	\$1,636,071	\$171,050	\$2,711,270
2002	\$1,743,904	\$217,950	\$1,525,954
2003	\$3,115,720	\$404,450	\$3,071,270
2004	\$3,516,908	\$297,850	\$3,219,058
2005	\$2,980,710	\$521,900	\$2,458,810
2006	\$2,778,254	\$442,075	\$2,336,179
2007	\$2,065,731	\$478,900	\$1,586,831
2008	\$1,095,092	\$348,900	\$1,053,377
2009	\$1,021,894	\$490,175	\$997,890

- We are continuing to implement the system change to create alerts for staff when potentially eligible individuals are not referred to the SSA.
- A full review of our non-citizen cases continues to identify those potentially eligible for Social Security Benefits and referred to our contracted Social Security advocate.
- The SSI advocacy contract to maintain this service was re-developed and re-bid.
- New procedures are being developed to increase the referrals to the SSI Advocacy contractor.

## **Future Planned Improvements**

- We must continue to monitor and improve our SSI referrals and re-referrals.
- The Memorandum of Agreement that is being developed with the office that completes disability determinations for the Social Security Administration will allow us to expedite approvals of Social Security benefits.

**The People Served by the Aid to the Aged Blind, and Disabled (AABD) Program**

**AABD Caseload**

<b>Year</b>	<b>Individuals per Month</b>
1998	3,213
1999	3,227
2000	3,198
2001	2,982
2002	2,803
2003	2,614
2004	2,175
2005	2,156
2006	1,568
2007	1,334
2008	1,492
2009	1,451

**Ethnicity of Individuals Served by AABD Program**

<b>Ethnicity</b>	<b>FY 2009</b>
Filipino	25%
Chinese	12%
Other Asian and Pacific Islanders	32%
Caucasian	10%
Hawaiian/Part-Hawaiian	7%
Korean	7%
Japanese	5%
Samoaan	1%
Black	1%
Others	0%

**Household Characteristics of Individuals Served by AABD Program**

<b>Characteristics of Individuals</b>	<b>FY 2009</b>
<i>Age of Head of Household</i>	
Age 65 and Older	63%
Younger than Age 65	37%
<i>Marital Status of Head of Household</i>	
Married	21%
Widowed	31%
Single	25%
Separated	13%
Divorced	9%
Common Law	1%
<i>Gender of Head of Household</i>	
Female	60%
Male	40%

(Note: Percentages may not total exactly 100% due to rounding.)

### Citizenship of Individuals Served by AABD Program

United States citizens	44%
Non-citizens	56%

### Other Data Pertaining to AABD Program

Length Of Time On Assistance	29 months
One-Member Households	90%
Two-Member Households	10%

## 8) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (formerly the FOOD STAMP PROGRAM)

### Program Description

Effective October 1, 2008, the Food Stamp program was renamed the Supplemental Nutritional Assistance Program (SNAP). SNAP is a federal program funded through the U.S. Department of Agriculture that helped put food on the table for approximately 54,925 Hawaii families each day in FY 2009, which was a 15.5% increase from the average monthly number of families receiving SNAP benefits in FY 2008. The SNAP provides low-income households with electronic benefits they can use like cash at most grocery stores to purchase food and maintain a healthy diet. The SNAP provides crucial support to Hawaii's needy households and to those making the transition from welfare to work.

The Electronic Benefits Transfer (EBT) card system was implemented in Hawaii in 1998 for disbursement of not only nutrition assistance benefits, but also financial assistance benefits.



The EBT card has the individual's welfare (TANF or TAONF) cash benefits, child care assistance, and SNAP benefits that may be drawn down like a debit card.

To participate in the Supplement Nutrition Assistance Program:

- Households may have no more than \$2,000 in countable resources, such as a bank account (\$3,000 if at least one person in the household is age 60 or older, or is disabled). Certain resources are not counted, such as a home and lot, automobiles, retirement accounts, and educational savings accounts.
- The gross monthly income must be 130% or less of the federal poverty guidelines, which was \$2,193 for a family of three in Hawaii in FY 2009. Gross income includes all cash payments made to a household, with a few exceptions specified in the law or by program regulations.

- Net monthly income must be 100% or less of federal poverty guidelines, which was \$1,687 for a family of three in Hawaii in FY 2009. Net income is determined by adding all of a household's gross income, and then applying a standard household deduction and other deductions, if applicable and allowable, for child care, shelter costs, and medical expenses. Households with an elderly or disabled member are subject only to the net income test.
- Most able-bodied adult applicants must meet certain work requirements.
- All household members must provide a Social Security number or apply for one.

### **Program Goal**

To deliver benefits and services accurately and in a timely manner.

### **Program Objective**

To meet Federal compliance standards.

### **SNAP Achievements in FY 2009**

Hawaii had a program access rate of 65.5% in FY 2008 ranking Hawaii 14<sup>th</sup> in the nation in SNAP program access. Hawaii also achieved a payment accuracy rate of 96.5% and ranked 11<sup>th</sup> in the nation for lowest payment error rate for FY 2008. The national accuracy average was 94.9%.

### **Future Planned Improvements/Goals**

- In the 2008 Farm Bill, the Food Stamp Program was renamed the Supplemental Nutrition Assistance Program (SNAP), effective October 1, 2008. The Department is still working on the name transference from Food Stamps to SNAP and gaining public acceptance of the new name. The Department has revised many notices, forms, and brochures to accomplish the name change, but there are still many applications that need to be changed, as well as extensive revisions to the Hawaii Administrative Rules (HAR) that govern the SNAP.
- In FY 2009, the number of families receiving SNAP benefits increased 15.5% from FY 2008. Due to the weakened economy at the national and state level, and the increasing number of individuals receiving unemployment benefits, SNAP is bracing for the SNAP caseload to continue to grow. To deal with the increasing caseload in a time of severe state fiscal constraints, SNAP is looking to ease the caseload burden by simplifying SNAP policies and processes.

The Department is expanding the use of telephone interviews for all recertification interviews to now also allow telephone interviews for initial applications. Telephone interviewing reduces the need for face-to-face client contact and streamlines casework. SNAP also plans to expand the categorical eligibility option which will eliminate the asset test for all SNAP applicants and increase the gross monthly income limit from 130% to the maximum 200% of the federal poverty limit. Although this has the potential to further increase the SNAP caseload, the simplification of eligibility determinations and easing of other eligibility factors should offset the administrative burden.

- SNAP will also implement the Transitional Benefits Alternative (TBA) program in FY 2010, which will allow the Department to provide SNAP benefits to households that

leave the TANF program for up to five months at an amount that is equal to what they were receiving prior to TANF termination. This will help support families moving off TANF by providing a stable food benefit for five months while transitioning from welfare to work.

- In FY 2009, the Department partnered with the Kauai Foodbank to provide outreach services to increase SNAP participation on the Island of Kauai. This has been a highly successful program for Kauai residents. While Hawaii already ranks as the 14<sup>th</sup> state in the nation with the highest participation rate, the Department is committed to continuing outreach to enroll all those who qualify for this important benefit.

In FY 2010, the Department plans to use American Recovery and Reinvestment Act (ARRA) federal funds to expand outreach services statewide. Again, this has the potential of increasing the SNAP caseload, but the expectation is that applications received through outreach agencies will have been prescreened for eligibility and will be complete and have required verifications attached, which should simplify and streamline the actual eligibility determination completed by the case worker and allow for more applications to be processed.

- SNAP will continue partnering with the Department of Health and the University of Hawaii, to administer a significant and cooperative SNAP Nutrition Education (SNAP-Ed) program for FY 2010. SNAP-Ed is a very important aspect of the overall SNAP program as it provides meaningful nutrition education services that encourage SNAP recipients to shop wisely and eat healthy.

## **B. VOCATIONAL REHABILITATION AND SERVICES FOR THE BLIND DIVISION (VRSBD): Programs, Services, Achievements, and Looking Ahead**

The Vocational Rehabilitation and Services for the Blind Division (VRSBD) administers three programs: 1) the Vocational Rehabilitation Program, 2) the Services for the Blind Program (Ho'opono), and 3) Disability Determination Program. Although each program operates independently, their mission remains singular: to provide for the rehabilitation needs of persons with disabilities to secure employment and to lead full and productive lives. The underlying philosophy and goal of the VRSBD is that through employment, individuals with disabilities are empowered toward economic self-sufficiency, independence, and inclusion and integration into society.

### **1) VOCATIONAL REHABILITATION PROGRAM (VR)**

VR provides vocational rehabilitation services to assist persons with disabilities to prepare for and enter employment. The economic benefits of VR are significant. They include increased earnings and purchasing power, increased taxes paid, and a decreased dependency on public assistance. As persons with disabilities achieve the employment outcome of choice intended by the program, they become tax-paying citizens and more than pay back the costs of the program.

VR is a cost effective program that pays for itself. Within the first two years of employment, the average rehabilitated individual will have repaid the full cost for their vocational rehabilitation services. This means that from then on, the rehabilitated individual will ADD to the State's economy.

## VR Program Achievements

- VR served 8,792 individuals with disabilities in FY 2009.
- VR received 1,963 new referrals in FY 2009.
- 514 individuals achieved successful employment outcomes in FY 2009.
- In FY 2009, there were 496 (96%) individuals placed who were individuals with significant disabilities.
- In FY 2009, 152 (30%) individuals received public assistance prior to their rehabilitation.
- 106 (21%) were individuals from the Special Education-Vocational Rehabilitation (SEVR)/Transition Program, an increase of 17 students from the previous fiscal year.
- The VR program is cost effective. The average cost per individual rehabilitated in FY 2009 was \$4,752.48.
- The average annual earnings per individual before receiving VR services in FY2009 were \$4,348.70. The average annual earnings per rehabilitated individual after receiving VR services were \$20,442.76.
- Average annual taxes paid per rehabilitated individual in FY 2009 was \$2,648.91.\*  
(\*All figures are estimates based on an individual filing as a single household income with an annual earning of \$20,442.76)

<i>Indicators</i>	<b>FY2006</b>	<b>FY2007</b>	<b>FY2008</b>	<b>FY2009</b>
<i>Participants Served</i>	7,712	7,858	6,990	8,792
<i>Referrals Received</i>	2,315	2,716	2,491	1,963
<i>Placed into Jobs</i>	697	560	589	514
<i>Placed into Competitive Jobs</i>	659	557	575	501
<i>Participants with Severe Disabilities</i>	602	467 (83%)	503 (85%)	496 (96%)
<i>Receiving Public Assistance</i>	214 (31%)	158 (28%)	140 (24%)	152 (30%)
<i>Net Gain in Annual Earning Power</i>	618%	493%	463%	470%

## 2009 Summer Youth Programs

VRSBD implemented seven unique Summer Programs for Transition Aged Youths through federal funding from the American Reinvestment and Recovery Act. The goal of the Summer Youth Programs was to increase transitional employment opportunities for students and young adults with disabilities. Transitional employment is defined as competitive employment with a minimum of 12 hours per week over a minimum duration of 30 days. Approximately 65 students (statewide) participated in the Summer Youth Programs. These students were provided on-the-

job training opportunities, internships, seasonal employment, and permanent employment. Occupational groups for the participants include: gardening, landscaping, office/clerical, food service, auto detailing, and general labor.

### **Kauai Branch Rehabilitant of the Year**

Keith Kitamura is a 1997 graduate from Kapaa High School. Prior to his graduation, Keith was involved in a car accident, which caused injuries that led to paraplegia. With the assistance of Vocational Rehabilitation, Keith earned a Bachelor's Degree in Education and a Master's Degree in School Counseling. He is currently a Math Teacher/Peer & Mediation Counselor at Kapaa High School. Keith is now where he wants to be, enhancing young minds and being a contributing member of the community.

### **Kauai Branch Employer of the Year 2009**

"IF CAN, CAN" is the mantra of the Kauai Food Bank, and they embrace this concept in all they do for our island community. The Kauai Food Bank is renowned in their unwavering commitment in helping to feed the people of Kauai. They have also been a resource to other agencies on the island, providing support for those in need of vocational and social services.

### **Hawaii Branch Rehabilitant and Employer of the Year 2009**

Leilani's road to rehabilitation was filled with many challenges. With the support and help of the Office of Social Ministries, Big Island Drug Court, and VR, Leilani was able to make positive strides in reaching her goals. Leilani is currently employed at The Food Basket, Inc. where she does data entry, general labor, and provides customer service to Hawaii's needy. She is responsible for working with various agencies. Most importantly, Leilani is able to share her personal stories with others that are going through their own recovery and offer hope.

The mission of The Food Basket is to feed the hungry in Hawaii County while attending to the root causes of the critical social problems present. The Food Basket educates the community about hunger in Hawaii County and collaborates with other organizations of partnering missions to wipe out poverty and hunger. Hawaii Island's Food Bank carries out the mission with true belief in others and heart. Through this, many job opportunities are created, teaching basic life and work skills for many individuals with disabilities.

### **Maui Branch Rehabilitant and Employer of the Year 2009**

Jadon Chin has always been someone who tries to be as independent as possible. After graduation from the Hawaii Center for the Deaf and Blind, Jadon attended the Gallaudet University in Washington D.C. After two years, Jadon decided to come home to Maui and look for work. Jadon saw that there was an opening at the Hawaiian Commercial & Sugar Company (HC&S) for a full-time Sugar Packing Worker. The management at HC&S was impressed with Jadon's enthusiasm and work ethics.

Alexander & Baldwin's HC&S uses state-of-the-art farming practices to grow sugarcane on 34,000 acres of Maui's Central Valley. While HC&S is still the largest producer of raw sugar in Hawaii, these higher-value food-grade sugars have enabled the company to generate a higher return for its sucrose. HC&S' management made a commitment towards hiring persons with disabilities who are qualified and continues to treat everyone equally and with respect.

## 2) SERVICES FOR THE BLIND PROGRAM (HO'OPONO)

At Ho'opono, the Services for the Blind program's goal is to enable visually impaired adults to attain maximum vocational and functional independence with its team of skilled professionals providing varied services to meet the participant's individual needs.

### Ho'opono Program Achievements

- The Adjustment Section served a total of 46 individuals. The New Visions Program served a total of 35 individuals, seven of whom were from the Neighbor Islands.
- The Low Vision Clinic served a total of 166 individuals in FY 2009, 44 of whom were from the Neighbor Islands. The Low Vision Clinic continues to provide assistance for participants to maximize use of their residual vision for reading and distance viewing.
- VR Counselors placed 17 individuals with severe visual problems into employment, three of which were homemaker closures. Of the remaining 14 placements into competitive employment, the average hourly wage earnings were \$17.83.
- In FY 2009, Home Rehabilitation Teachers provided services that equipped 290 persons who are older blind with personal, leisure, and home management activities to enable them to live as independently as possible.
- Public Outreach/Education. Ho'opono conducted 40 presentations reaching 1,017 individuals. Ho'opono conducted six Community Service Projects:
  - Lions World Service Day Dinner
  - VIP Christmas Luncheon
  - Floor Tiling Repair Work
  - Volunteer Income Tax Assistance
  - Blind Person of the Year Award
  - 62<sup>nd</sup> Annual Picnic for the Blind
- 15 volunteers provided services for Ho'opono. A wide range of volunteers provided 214 hours of support services to the agency in FY 2009. The estimated value of these services totaled approximately \$2,069. Currently, 3,511 individuals are on the Blind Register.
- The Annual White Cane Safety Awareness Day walk was held on October 15, 2009. Approximately 220 individuals participated in the event. Members of the Hawaii Legislature that were present include: Senator Suzanne Chun-Oakland, Senator Gary Hooser, Senator Wil Espero, and Representative Jon Mizuno. The purpose of this annual event is to promote safety and to increase public awareness of white cane users.
- On July 8, 2009, nine of Hawaii's blind youth spent eight days on a whitewater raft trip on the Colorado River that traveled through the Grand Canyon. The trip afforded the opportunity for the youth to meet rafters on other boats that worked in several different occupations as well as to spend extensive time with the rafting company crew. The trip also involved hikes that challenged the participants to overcome concerns about their ability to navigate challenging terrain. The final night of the excursion had the Hawaii youth putting on a show for the other group that included special aspects of island culture.
- Four transition-aged youth spent approximately nine months at the Ho'opono Rehabilitation Center concentrating on learning alternative skills of blindness. They

greatly increased their ability to communicate by improving their Braille literacy and computer skills. In addition, they received extensive cane travel training as well as improving independent living skills in such areas as food preparation and home repairs.

- In March 2009, the 6<sup>th</sup> Annual Camp Ho'opono was held at YMCA Camp Erdman on the North Shore of Oahu. Four youths between the ages of 15 and 21 along with seven adults from the New Visions Program spent five days engaging in confidence building activities including problem solving team building exercises. The camp also provided much opportunity for youth to ponder their futures and to develop goals for themselves.

### **Oahu Branch - Ho'opono Rehabilitant and Employer of the Year 2009**

Chad Hayakawa was not content with his fixed social security income. Chad's positive attitude towards his blindness is identical to Ho'opono's motto that "blindness is not a barrier to success." Chad was hired as a Transportation Assistant at the Fleet Industrial Supply Center under the Department of the Navy, located in Pearl Harbor. Chad's "can do" attitude and determination is a perfect example that blindness is not a barrier to success.

Under the Federal Schedule A Program, the U.S. Department of the Navy has been an outstanding employer in providing opportunities for persons with disabilities. The Navy's commitment in hiring persons with disabilities could not come at a better time when most employers are not hiring as a result of tough economic times. The Navy hired 10 VR participants, placing them in various positions such as Office Automation Clerks, Mail Clerks, and Laborers.

### **Business Enterprise Program (Randolph-Sheppard Vending Facility Program)**

The Business Enterprise (Vending Facility) program ranks 4<sup>th</sup> in the nation in terms of benefits paid out, average net earnings, and number of vendors per capita.

- Total gross sales: \$26,062,302.
- The average vendor earnings nationally is approximately \$53,058. Hawaii is at \$109,410 (4<sup>th</sup> highest overall).
- The average median income nationally is approximately \$30,240. Hawaii is at \$39,410 (16<sup>th</sup> highest overall).

The Business Enterprise program held a statewide training for blind vendors in June at Ho'opono with four presenters representing various products. Three new Business Enterprise program facilities opened, 16 sites surveyed, four candidates evaluated, and three trained.

## **3) DISABILITY DETERMINATION PROGRAM**

The Disability Determination Branch (DDB) determines eligibility for Social Security Disability Insurance (SSDI) benefits and Supplemental Security Income (SSI) payments. The SSDI (Title II of the Social Security Act) program provides federal benefits to insured workers with disabilities and their families based on the workers' employment and earnings history. The SSI (Title XVI) program serves financially needy, aged, blind, and disabled individuals, including those with no recent employment experience. DDB adjudicates and processes disability claims of Hawaii residents for SSDI authorized by Title II of the Social Security Act and SSI authorized by Title XVI of the Act.

## Program Goal

Maximize program effectiveness and efficiency by determining the eligibility of applicants for assistance.

### Disability Determination Program Achievements

- Ranked 1<sup>st</sup> in Federal Region 9 in overall performance (claims processing, favorable determinations, and accuracy rate).
- Individual and team performance awards:  
  
Seis Arechy, 2009 SSA Commissioner's Citation Recipient/Budget Allocation Workgroup.  
  
Karen Takahashi and Debra Terao were awarded the Commissioner's Citations for excellent performance.
- 10,430 disability determination claims were processed in FY 2009 with a 97.8% accuracy rate. This constitutes an increase of 16% in quantity and a 2% increase in accuracy.
- 4,464 favorable determinations were made in FY 2009.

### DDB Program Accomplishments

Indicators	FY 2006	FY 2007	FY 2008	FY 2009
Claims Processed	8,077	9,125	9,008	10,430
Favorable Determinations	4,465	4,353	4,558	4,464
Accuracy Rate	95.1%	94.2%	95.8%	97.8%
Payments made to Hawaii's residents	\$321,284,000	\$446,284,709	\$391,051,712	\$400,975,224

### Future Goals

We will continue to work as a team so participants can achieve their hopes and aspirations for meaningful employment through timely and individualized vocational rehabilitation services.

We are committed to:

- Provide quality vocational rehabilitation services to all participants applying for services.
- Increase the placement of participants with disabilities into competitive high paying employment.
- Expand services for transition-age youths to prepare for and obtain employment.
- Expand services for individuals with significant mental illness to prepare for and obtain employment.

## **CHAPTER FOUR: PROTECTION**

The Department of Human Services provides protection and security from abuse and neglect for children and vulnerable adults. While ensuring safety, our programs also endeavor to minimize disruption for clients and provide for safe living arrangements with the goal of preventing and reducing the recurrence of abuse, neglect, and maltreatment.

### **A. SOCIAL SERVICES DIVISION (SSD): Programs, Services, Achievements and Looking Ahead**

The SSD consists of the Child Welfare Services Branch and the Adult and Community Care Services Branch. Both branches aid vulnerable members of society and are community-based and neighborhood-focused, with partnerships and collaborations between the public and private sectors.

The Department has developed and implemented many new programs and improvements since 2004 in both child welfare and adult services.

In child welfare services, these achievements include:

- An innovative and federally acclaimed Differential Response System (DRS) that carefully weighs the risk factors in a family's home was implemented, replacing the former "one size fits all" approach, when investigating reports of child abuse or neglect.

At the request of the Western and Pacific Implementation Center, a project funded by the federal government, DHS assisted Alaska in developing and implementing its version of a DRS to help the State of Alaska and numerous tribal organizations safely reduce the number of Native Alaskan children in foster care.

DHS and representatives from nonprofit groups that partner with DHS shared advice about implementing family strengthening services, building community support for a Differential Response System, and making culturally appropriate foster care placements.

- "Safe Reduction" in Foster Care – Due to the implementation of the DRS in 2005, the Department is experiencing a decrease in the number of cases confirmed for abuse or neglect. This decrease in confirmed cases has resulted in a corresponding decrease of approximately 50% of children in foster care. Significantly, this decrease in numbers of cases confirmed and children in foster care has occurred at the same time that Hawaii's recurrence of abuse has dropped from 6% in FY 2003 to 3.9% in FY 2009 which is far better than the national tolerance standard of 6.1%.
- One of the most significant gains accomplished is the improvement in decreasing the over-representation (disparity) of Native Hawaiian children placed in foster care by DHS. The data show a significant trend from SFY 2005 when a Native Hawaiian child was 2.07 times more likely to enter foster care to SFY 2008 when the likelihood was only 0.47 – now actually less likely to enter foster care than a Caucasian child.

In adult services, Hawaii's growing elderly and disabled populations now have many more alternatives to costly institutional nursing home care. They include:

- Significant expansion of the Nursing Home Without Walls program by doubling in size.

- The frail elderly can remain in their homes longer through chore services and the respite and senior companion programs.
- DHS/SSD worked collaboratively with the Legislature and advocates on the passage of Act 154, SLH 2008, which expanded DHS authority to intervene and investigate reports of suspected abuse, neglect or financial exploitation of vulnerable adults. This Act went into effect on July 1, 2009.

## **CHILD WELFARE SERVICES (CWS)**

The goal of the Child Welfare Services Branch (CWSB) is ensuring the safety, permanency (stability) and well-being of children in their own homes. CWSB programs include family strengthening and support, child protection, foster care, adoption and independent living, along with licensing of foster family boarding homes, group homes and child placing organizations. Services are available on the Islands of Oahu, Hawaii, Kauai, Maui, Molokai and Lanai. There are 36 CWSB units/sub-units and a staff of over 500.

When it becomes necessary to remove a child from the family home, family connections are preserved through regular visits with parents and siblings. When a child cannot be safely returned to the family within a reasonable timeframe, CWSB seeks Family Court approval of a permanent placement through adoption, legal guardianship or other long-term substitute care.

Additional information is available in “A Guide to Child Welfare Services” on the Department’s Web site at [www.hawaii.gov/dhs](http://www.hawaii.gov/dhs).

- CWSB has developed interventions to help ensure successful outcomes. These interventions are:
- Tailored to the individual needs of each child and family, while fully utilizing the strengths, problem-solving abilities and unique capacities of each family and local community.
  - Culturally sensitive and respectful of family lifestyles, dynamics and choices for themselves and their children.
  - Undertaken in a spirit of partnership and collaboration with all parties interested in and committed to strengthening the capacity of families to make healthy choices for the safety and well-being of their children.
  - Developed in a manner that nurtures, enhances and sustains the natural support system for families in the community.

Strategies for CWSB focus on:

- Multidisciplinary/teamwork approach that takes input from others in a respectful way.
- Outcome-driven creativity in addressing individual problems.
- Transparency and openness when working with others.
- Non-adversarial and respectful of differences with the goal of finding win-win solutions.
- Tenacity of purpose while continually demonstrating compassion and caring.
- Strengthening the capacity of families and communities to care for children safely.

We envision a Hawaii where:

- All children grow up and thrive in safe, supportive and stable home environments.
- Family connections are preserved through regular visits with parents and siblings, when it becomes necessary to remove a child from home.

## Caseload

At the end of State Fiscal Year (SFY) 2009, there were 5,338 CWSB cases that were open and actively receiving CWS services such as assessment, case management, foster care and permanency services compared to 5,664 active cases at the end of SFY 2008.

More significantly, the average number of children in foster care during a month has decreased from a monthly average of 2,936 children in SFY 2004 to only 1,497 children in SFY 2009.

Numerous factors contribute to child maltreatment, such as parental substance abuse, family violence and mental illness. CWSB addresses these factors with interventions that involve strong collaboration with the police, State agencies such as the Family Court and Departments of Health and Education, and private agencies, community groups, and advocacy groups that play a crucial role in the safety and health of children.

## Reporting and Intake

Child abuse and neglect reports submitted to CWSB are assessed using Hawaii's DRS, an intake assessment protocol developed by the Department in collaboration with the National Resource Center on Child Protection. This DRS determines the least intensive and most effective intervention that will protect the safety of the child. The implementation of the DRS has resulted in significant improvements in key data indicators such as recurrence of maltreatment, rates of placement, and disproportional placement of Native Hawaiian children.

**Over the past five years, the number of reports assigned for investigation has decreased from 5,216 in SFY 2005 to 2,768 in SFY 2009. The 2,768 reports include a total of 4,977 children, of which 1,950 were confirmed as victims of child maltreatment. In the majority of cases, children with confirmed reports had been threatened with harm to their safety and suffered no actual harm.**

**Due to the implementation of the DRS in 2005, the Department is experiencing a decrease in the number of cases confirmed for abuse or neglect. This decrease in confirmed cases has resulted in a corresponding decrease of approximately 50% of children in foster care. Significantly, this decrease in numbers of cases confirmed and children in foster care has occurred at the same time that Hawaii's recurrence of abuse has dropped from 6% in FY 2003 to 3.9% in FY 2009 which is far better than the national tolerance standard of 6.1%.**

### **Number of children for whom maltreatment reports were confirmed, listed by types of maltreatment**

<b>TYPES</b>	SFY2005	SFY2006	SFY2007	SFY2008	SFY2009
Medical Neglect	37	27	22	21	18
Neglect	407	320	237	268	272
Physical Abuse	310	261	207	230	174
Psychological Abuse	21	17	10	18	13
Sexual Abuse	178	100	103	119	96
Threatened Harm	1,956	1,480	1,360	1,375	1,377
Total	2,909	2,205	1,939	2,031	1,950

**Percentage of confirmed maltreatment types of report**

TYPES	SFY2005	SFY2006	SFY2007	SFY2008	SFY2009
Medical Neglect	1.3%	1.2%	1.1%	1.0%	0.9%
Neglect	14.0%	14.5%	12.2%	13.2%	13.9%
Physical Abuse	10.7%	11.8%	10.7%	11.3%	8.9%
Psychological Abuse	0.7%	0.8%	0.5%	0.9%	0.7%
Sexual Abuse	6.1%	4.5%	5.3%	5.9%	4.9%
Threatened Harm	67.2%	67.1%	70.1%	67.7%	70.6%
Total	100%	100.0%	100.0%	100.0%	100.0%

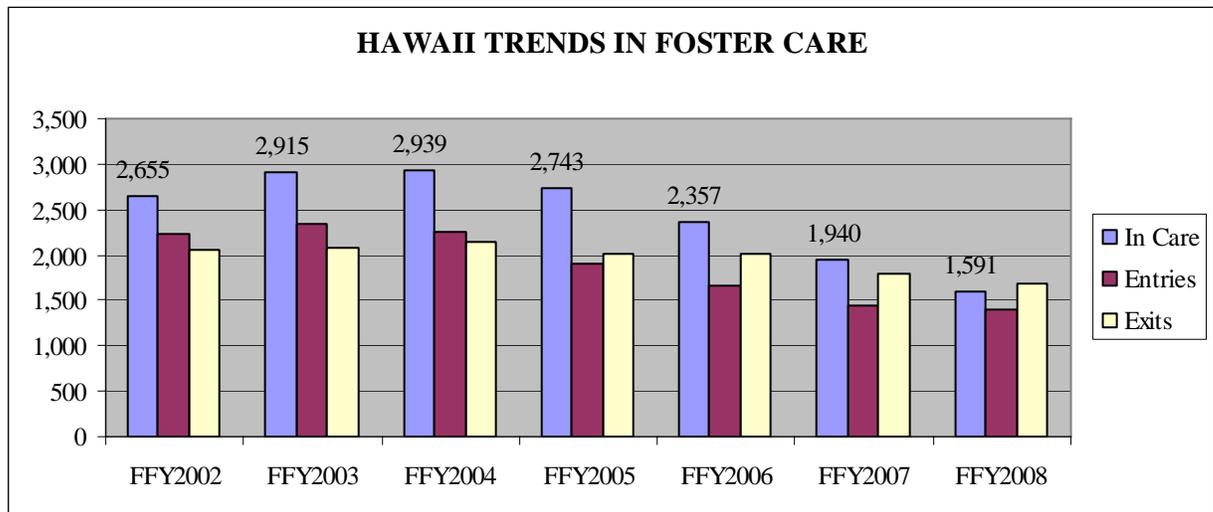
The Department is assessing the high percentage of confirmed threatened harm cases and developing new assessment tools and training that will help our workers better assess and respond to reports of threatened harm.

**Foster Care**

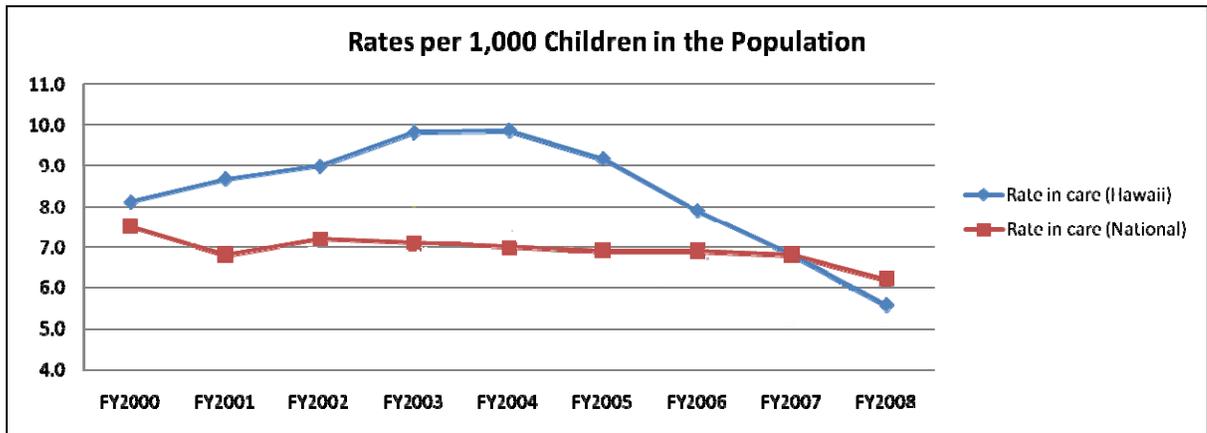
The number of children in foster care during a month has significantly decreased from a monthly average of approximately 3,000 children in SFY 2004 to 1,612 children in SFY 2009 to 1,412 children at the end of the calendar year 2009. This is the lowest number since 1993 and represents more than a 50% decrease in children in foster care monthly.

Children aged five and younger constituted 35% of all children in foster care for SFY 2009. Children ages 6 years to 11 years were 26% and children ages 12 to 18 constituted 39% of the children in foster care. Of the 1,895 children who exited foster care in SFY 2009, 1,103 (58.21%) were reunified with their families, 375 (19.79%) were adopted, 165 (8.71%) left care to a legal guardianship, and 179 (9.45%) left to a permanent arrangement, such as emancipation.

DHS continues with on-going efforts to increase services to strengthen families and allow children to remain safely in the family home without CPS intervention; success in this endeavor is evidenced by the subsequent decrease in the number of children requiring foster care services to ensure their safety.



\* From Federal AFCARS (Adoption & Foster Care Reporting & Analysis System) for **Federal Fiscal Years 2002-2008** Report.



\*2008 Casey Family Programs Report

### Licensed Foster Homes Statewide

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
Monthly Average # of Children in Foster Care	2,827	2,571	2,226	1,763	1,612
Number of Licensed Resource Families at end of SFY2009	1,891	1,689	1,487	1,378	1,206
Ratio of Resource Families to Foster Children	0.67	0.66	0.68	0.72	0.75

There has been a decrease in the number of licensed resource family homes and in the number of children in foster care since SFY 2005. **Importantly, the number of licensed resource family homes has decreased at a lower rate than the number of children in foster care. This difference in rate has contributed to an increase in the ratio of licensed resource families to children in foster care from 0.67 licensed resource families per foster child in SFY 2005 to 0.75 licensed resource families per foster child in SFY 2009.**

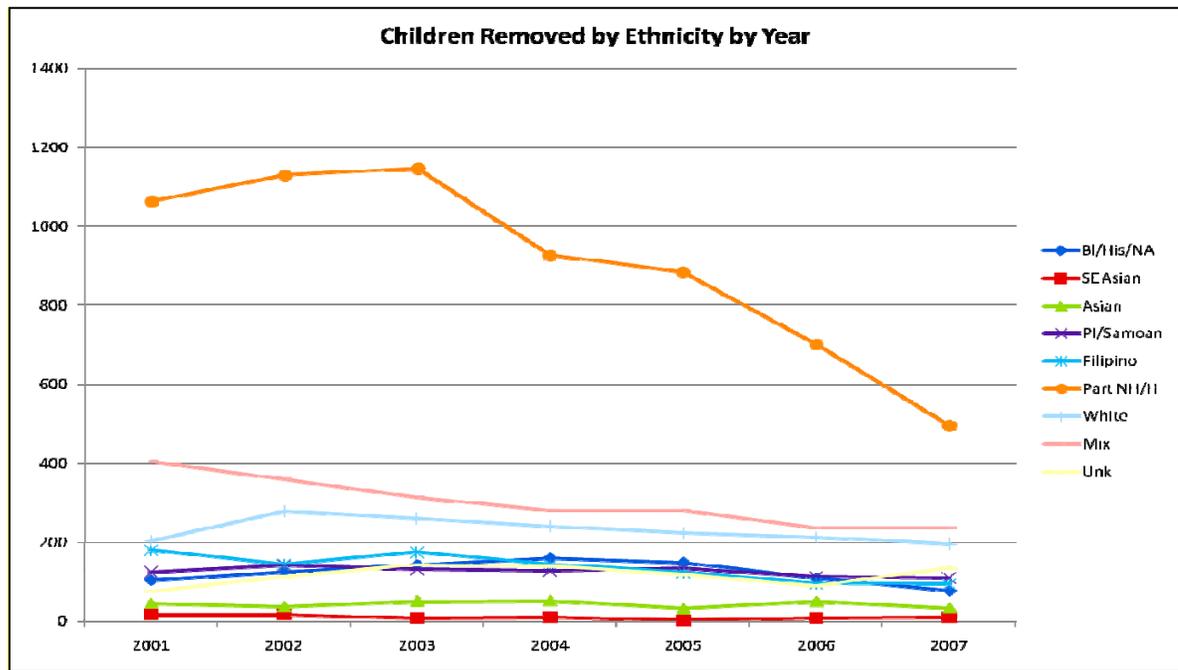
The Department continues to contract services with Hui Ho'omalua (a partnership of Partners In Development Foundation, Catholic Charities of Hawaii, Foster Families Program and Kokua `Ohana) to integrate the recruitment, training, home studies and support services for resource families for foster children. Individuals interested in becoming resource families may call 1-800-879-8970 for more information.

In contrast to the past practice of recruiting and licensing a large number of non-related resource (foster) families that would accept any child, over the last four years, the Department has concentrated on placing children with relatives in "child-specific" homes on an "as needed" basis. Child-specific resource families are relatives or individuals who become licensed to care for a specific child. Home studies and training of these prospective child-specific resource families are provided by Catholic Charities of Hawaii as part of the larger Hui Ho'omalua contract. Interested individuals may call 1-808-527-4945 for more information.

In August 2004, a Federal grant from the Administration for Native Americans was awarded to the Partners In Development Foundation, a Native Hawaiian community-based organization, in partnership with the Department, to encourage statewide recruitment of Native Hawaiian resource families for children. This partnership, along with aggressive efforts to recruit, train, and license Native Hawaiian resource families, has resulted in an exponentially higher percentage of Native Hawaiian children placed in Native Hawaiian foster homes. As a result of these efforts, the

majority of Native Hawaiian children who need foster placement are able to be placed with Native Hawaiian resource families. In SFY 2009, 369 out of 657 (56%) of Native Hawaiian children who were in resource families were placed with Native Hawaiian resource families.

**One of the most significant gains accomplished is the improvement in decreasing the over-representation (disparity) of Native Hawaiian children placed in foster care by DHS. See data below. The data show a significant trend from SFY 2005 when a Native Hawaiian child was 2.07 times more likely to enter foster care to SFY 2008 when the likelihood was only 0.47 – now actually less likely to enter foster care than a Caucasian child.**



\*2008 Casey Family Programs Report

### Disparity Index of Native Hawaiian to Caucasians\*

SFY 2005	SFY 2006	SFY 2007	SFY 2008
2.07	1.02	0.80	0.47

(\*likelihood that a Native Hawaiian child enters out-of-home care compared to Caucasian child – based on Casey Family Programs analysis of DHS data)

The reasons for this decrease are: 1) the implementation of the DRS; 2) an increased array of community-based family strengthening and child abuse and family poverty prevention services; 3) the increased engagement of the Native Hawaiian community; and 4) an increased collaboration with key stakeholders, including birth families, and their relatives/ ohana, current and former foster youth, and resource caregivers.

The Department has aggressively pursued a policy of looking within a child's `ohana for resources when a child has to be removed from the family home for safety reasons. Increased family strengthening services and involvement of the Native Hawaiian community has helped to dramatically decrease the number of Native Hawaiian children entering care.

## **Child Fatalities**

Each death case was reviewed by the Child Protection Multi-Disciplinary Team for case planning and also by the CWSB Program Development Office to determine if any rules or child welfare services or procedures require modification as a result of the deaths. There were 2 deaths in SFY 2009 in active CWSB cases or cases closed within 90 days, compared to 2 deaths in SFY 2008. The review team determined that both instances were accidental and there are no changes to CWSB rules, services or procedures that could have prevented them.

## **Child Welfare Goals and Outcomes**

CWSB has adopted a federal set of outcomes and related measures to assess performance in achieving safety, permanency and well-being for children within required time limits. The Child and Family Services Review (CFSR) is a federally-mandated review of states' child welfare systems. As a result of this review, and in collaboration with the federal Administration for Children and Families, DHS adopted the following priorities in an aggressive reform of the CWSB program to enhance outcomes for children and families:

- CWSB will ensure child safety by a timely response to all reports of child abuse and neglect accepted for investigation by CWSB.
- CWSB workers will conduct on-going safety, risk and needs assessments on all children and families in cases active with CWSB.
- CWSB will ensure that every family and every child, as appropriate, are actively involved in developing their case plan.
- CWSB will ensure that every child in our care, every family and every foster family are visited at least once a month by the assigned caseworker and afforded the opportunity of a face-to-face interview in cases active with CWSB.

The Department's goals are to:

- Reduce the recurrence of child abuse and neglect.
- Reduce incidences of child abuse and neglect in foster care.
- Reduce the time in foster care by achieving reunification without increasing re-entry into foster care.
- Reduce the time in foster care by finding adoptive parents.
- Increase placement stability.

## **SFY 2009 Summary**

The Department has adopted federal child welfare outcomes for performance monitoring. The outcomes listed below are for the reporting period July 2008 through June 2009.

### **Goal 1: Reduce the recurrence of child abuse and/or neglect**

Measure: Of all children who were victims of confirmed child maltreatment during the reporting period, what percentage had another confirmed report within a 6-month period?

For FY 09, only 3.9% or 70 children had another confirmed report within six months, far surpassing the national tolerance standard of 6.1% and **continuing a trend that has resulted in Hawaii having one of the lowest child re-abuse rates in the country.**

**Goal 2: Reduce the incidence of child abuse and/or neglect in foster care**

Measure: Of all children who were in foster care during FY 09, what percentage were the subjects of confirmed maltreatment by a foster parent or facility staff?

In FY 09, only 0.8% or 22 children in foster care were subject to confirmed maltreatment by a foster parent or facility staff.

**Goal 3: Reduce time in foster care to reunification, without increasing re-entry**

Measure: Of all children who were reunified with their parents or caregivers, what percentage were reunified within 12 months from the latest removal from the family home?

In FY 09, 84.2% or 731 children were reunified with their parents or caregivers within 12 months from their entry into foster care, exceeding the national standard of 76.2%.

**Goal 4: Reduce foster care re-entries**

Measure: Of all children who entered foster care, what percentage re-entered foster care within 12 months of a prior foster care episode?

In FY 09, 9.4% or 122 children who were reunified with their parents or caregivers re-entered foster care within 12 months of a prior foster care episode. This figure is slightly above the national standard of 8.6%, but a significant improvement over the FY 07 13.9% re-entry rate.

**Goal 5: Reduce time in foster care to adoption**

Measure: Of all children who exited foster care during the year under review to a finalized adoption, what percentage exited care within 24 months from the latest removal from home?

Exceeding the national standard for this goal is a positive. In FY 09, **we exceeded the national standard** of 32.0%, with 34.6%, or 99 children in out-of-home care exiting care to adoption within 24 months from their latest removal from the home.

**Goal 6: Increase placement stability**

Measure: Of all children who have been in foster care within 12 months from the time of the latest removal, what percentage had no more than two placement settings during that time period?

In FY 09, 87.9% or 1,251 children experienced two or fewer placements within their first 12 months of care, a significant improvement over the FY 07 rate of 85.4% and **better than the national standard** of 86.7%.

**Accomplishments**

New strategies for strengthening at-risk families and assessing the safety of their homes have resulted in a sharp decrease in the number of children in Hawaii's foster care system over the past five years. At the same time, the safety of children from at-risk families has improved dramatically.

- DHS formerly used a "one-size-fits-all" approach when investigating reports of child abuse or neglect. Now DHS uses an innovative and federally acclaimed DRS that carefully weighs the risk factors in a family's home. The system was developed in conjunction with the National Resource Center for Child Protective Services in New Mexico, and with the help of information technology faculty and students at Maui Community College.

This online and computerized system, which Hawai'i launched in 2005, carefully weighs risk and safety factors in a family's home to determine the most appropriate response when investigating reports of child abuse or neglect.

- At the request of the Western and Pacific Implementation Center, a project funded by the federal government, DHS assisted Alaska in developing and implementing its version of our DRS to help the State of Alaska and numerous tribal organizations safely reduce the number of Native Alaskan children in foster care.

DHS and representatives from nonprofit groups that partner with DHS shared advice about implementing family strengthening services, building community support for a DRS, and making culturally appropriate foster care placements.

- DHS has also lowered foster care numbers and increased child safety by investing Temporary Assistance for Needy Families (TANF) federal funds in poverty prevention programs. These community-based services use proven methods for helping parents find and retain employment and helping young people succeed in school and avoid drug abuse, crime and out-of-wedlock pregnancies.
- In November 2009, DHS brought together Native Hawaiian community leaders from across the State to discuss ways of keeping at-risk keiki connected with their biological and hanai families and with their Hawaiian culture. Among the speakers at this one-day event on Oahu were Lt. Governor James R. "Duke" Aiona, Jr., Human Services Director Lillian Koller, Scott Seto (DHS – Maui), and Billy Kenoi (Mayor – Big Island). In addition, various community partners and stakeholders served as panel discussion facilitators including: Venus Rosete-Hill (Neighborhood Place of Wailuku – Maui), Kyle Nakanelua (Hale Mua – Maui), and Dr. Kimo Alamedo (DOH – Big Island).
- The Department participated in the second round of the Child and Family Services Review during the week of June 1, 2009. Prior to the 2009 CFSR, **the Department was in substantial conformity or had met its goals for all of the outcome measures by the end of the first Program Improvement Plan (PIP1) implementation period.**

The CFSR reviews specific outcomes for children in the areas of Safety, Permanency, and Well-Being. The CFSR also reviews systemic factors relevant to the child welfare agency's ability to achieve positive outcomes for children. Systemic factors include: a) statewide information system; b) case review system; c) quality assurance system; d) staff and provider training; e) service array and resource development; f) agency responsiveness to the community; and g) foster adoptive parent licensing, recruitment, and retention. The period under review during the on-site case review process was from April 1, 2008 to June 5, 2009. The findings were compiled following the review of documents and the following data collection procedures:

- The Statewide Assessment, prepared by the Hawaii Department of Human Services.
- The State Data Profile, prepared by the Children's Bureau, which provides the State's child welfare data for the 12-month CFSR target period ending March 31, 2008.
- Reviews of 65 cases (40 foster care and 25 in-home services cases) at three sites: 17 cases in Kauai County, 17 cases in Maui County, and 31 cases in Oahu County.
- Interview and focus groups (conducted at all three sites and at the State level) with stakeholders including, but not limited to, children, youth, parents, foster

and adoptive parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, child advocates, Native Hawaiian representatives, and attorneys.

The Department, in collaboration with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Children's Bureau, have been working on the development of the Program Improvement Plan Number 2 (PIP2). The goals for PIP2 are as follows:

1. Ensure safety of all children in their homes and in foster care.
2. Enhance engagement in case planning with parents, children/youth, and relatives through the life of the case.
3. Improve permanency outcomes and family connections for children.
4. Improve the family court review system.

### **Mass Adoption Ceremonies**

DHS joined the Family Court and nonprofit community groups in November 2007 to conduct the State's first mass adoption of children from foster care. The event was part of "National Adoption Day" ceremonies held across the country. Hawaii's second mass adoption ceremony was conducted in November 2008. The National Adoption Day celebration for 2009 had been postponed until 2010 due to the State budget crisis.

- National Adoption Day is a collective effort to raise awareness about America's children in foster care awaiting adoption. Each year, more than 20,000 foster youth across the country turn 18 and thus "age-out" of child welfare systems without being adopted.
- For the November 2007 National Adoption Day, 11 families adopted 16 children. For the November 2008 National Adoption Day, 24 families adopted 28 children.

### **Support For Foster Families**

Governor Linda Lingle signed two bills into law in June 2008 that DHS supported. These new laws help foster youth maintain relationships with their relatives and hanai families, as well as assisting the youth in meeting their higher education goals and removing a financial disincentive to adoption. Both new laws took effect on July 1, 2008.

- Under Act 198, former foster youth, including those adopted, are given additional time to apply for and receive higher education benefits. The new law, introduced by DHS, provides for the following: 1) the initial length of time the youth has to apply for the benefit application period was increased from one year after graduation to before the youth's 22<sup>nd</sup> birthday; 2) the youth now has a total of 60 months to use the benefits up to age 26. This allowance of \$529 per month helps pay for living expenses while attending school or taking part in vocational training. This new law removes the financial disincentive to adoption because this educational assistance is now available to all former foster children, even those who are adopted.
- Under Act 199, DHS/CWS must demonstrate a preference for placing children who are under DHS foster custody with appropriate relatives who are willing and able to provide safe and nurturing home environments. This law, sponsored by the Office of Hawaiian Affairs, expands the definition of a relative to include hanai family members or "an adult other than a blood relative who performs or has performed a substantial role in the upbringing or material support of a child."

To carry out Act 199, Project First Care (PFC), an Oahu multi-agency partnership with DHS/CWS, the Office of Hawaiian Affairs, Partners In Development Foundation, Hui Hoomalu, Kokua Ohana, the Na Kupuna Tribunal and EPIC Ohana Conferencing was created. PFC resource (foster) homes began accepting DHS/CWS infants and toddlers on May 26, 2009. The purpose of the PFC homes are to support the mission of DHS/CWS and Act 199 by facilitating timely placement of infants and toddlers with relatives, while making aggressive efforts to reunify the infant and toddlers in a safe family home with their parents. PFC Caregivers are specifically recruited and trained to provide time-limited temporary (one to sixty days) foster care, support to birth parents and families, and supervised visitations.

### **Strengths-Oriented Practice**

- DHS has implemented strategies to frontload family strengthening and voluntary case management services and to provide families in crisis access to community-based early response alternatives. These strategies are working in terms of keeping families intact, keeping children safe and engaging families through less restrictive/intrusive approaches.

**Approximately 1,500 families are participating in Family Strengthening and Voluntary Case Management services statewide at any point in time. This is a tribute to the Department's intake staff and service providers, who have clearly demonstrated that our interventions can be provided based on the least intensive and most effective means for each family. This strategy has resulted in fewer children in foster care and one of the lowest recurrences of abuse rates in the country.**

DHS and our community-based Voluntary Case Management (VCM) and Family Strengthening Services (FSS) partners also utilize the services of Enhanced Healthy Start. Referrals by CWS staff and providers of VCM and FSS services are mandatory for families with children up to one year of age and optional for families with children 1 year to 30 months of age. CWS staff report that support, mediation, and guidance provided by Enhanced Healthy Start has resulted in a lessening and, in many cases, elimination of safety concerns. Additionally, Enhanced Healthy Start interventions and regular in-home support have enabled several parents to regain custody of their children and have taught parents how to handle their children's behavior in a positive, age-appropriate manner.

- The placement stability of children in care continues to improve. This is due, in great part, to the Department's Family Finding efforts at the inception of a case and recruitment of extended family as resource (foster) families for children in out-of-home care. Stability also continues to improve because of community-based response alternatives that keep families intact and children safe, and because of increased funding for recruitment and retention of foster homes.
- `Ohana Conferencing is a family decision-making practice that develops and implements safety and permanency plans agreed upon by family members. First started as a pilot project in 1995, `Ohana Conferencing has been greatly expanded over the past several years and has helped more than 3,000 families since 1998. The `Ohana Conferencing process enlists the support of key family members and others to work with the Department in addressing and resolving child safety issues.

We have expanded the availability of `Ohana Conferencing to all parties in a CWSB case, funded outreach into the community to provide information on `Ohana conferences to potential participants, and increased the number of `Ohana conferences available. The Department also added Youth Circle conferences for youth who are exiting the foster

care system, to reconnect them with members of their extended family who can offer support and encouragement.

**In SFY 09, 1,362 `Ohana Conferences were conducted. In addition, 308 Youth Circles, which are conferences specifically convened for the youth, were conducted, making for 1,670 total conferences in SFY 2009.**

## **Partnerships**

- The Department partnered with the nationally renowned Casey Family Programs to establish a strategic planning committee to re-assess social work practice related to (1) assessment, (2) case planning, (3) appropriate service provision, and (4) client engagement. The committee is also developing a CWSB Partnership Practice Model to align agency written policies and procedures with the Department's mission, guiding principles, practice strategies and activities.

This Practice Model includes outcomes-based contracting for relevant and culturally appropriate community-oriented / community-based services. One of the highlights of the Casey/DHS collaboration was the recent *Aha*, or Native Hawaiian gathering, to “*kuka kuka*” or discuss Native Hawaiian involvement in the child welfare system. The *Aha* brought participants together from all of the Islands in a single meeting to help the Department develop strategies to work together for the sake of the children. Participants also discussed strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit, retain and support foster and adoptive families.

- The Department has partnered with the Consuelo Foundation to create the Attachment and Biobehavioral Catch Up (ABC) Pilot Project to address the special emotional and relationship needs of very young children in child welfare services to help them develop secure attachments with their caregivers.
- CWSB and the Department of Health's Children and Adolescent Mental Health Division have implemented a streamlined process for referral and treatment of children. This process accommodates referrals of children with potential problems that would require intensive mental health treatment, expedites treatment and increases access to mental health services, including therapeutic foster homes for children with severe emotional and behavioral needs.
- CWSB continues to collaborate with the Family Court, Volunteer Legal Services of Hawaii and the Foster Family Program to support Project Visitation. This project recruits and trains volunteers to provide transportation and facilitate visits with siblings living in different foster homes on Oahu.
- The Family Drug Court is an on-going successful partnership with CWSB, the Family Court and the Department of Health's Alcohol and Drug Abuse and Public Health Nursing Divisions to assist child welfare families that have substance abuse problems.
- CWSB continues to support and expand the involvement of the Hawaii Foster Youth Coalition, a youth-led organization that advocates for youth in foster care. The coalition also helps foster youth develop leadership skills, and provides a mechanism for youth feedback on CWSB to help youth transition from foster care to independent living.
- The Department continues to contract and collaborate with HOPE Inc. to assist the Department in finding permanency for youth who have high special needs. The youth generally are teens or older children with multiple challenges. HOPE recruits and supports adoptive placement for these youth who are unable to return home to birth

parents or to be placed with relatives. HOPE seeks and supports adoptive families who will maintain birth family connection, even after adoption.

- The Department also collaborated with community leaders and stakeholders to bring the Heart Gallery to Hawaii. The Heart Gallery enlists professional photographers who donate their time to take portraits of children in care who are in need of permanent homes. The program is well-established and has demonstrated its effectiveness in other states.
- The federally-funded Kokua `Ohana Project strives to increase recruitment and retention of Native Hawaiian foster and adoptive families. This builds on the targeted recruitment plan in West Hawaii, with on-site consultation from AdoptUSKids, the National Resource Center on Adoption, and Harvest Family Life Ministry on faith-based recruitment.
- The Department collaborated with the National Resource Center for Adoption, AdoptUSKids and local organizations to provide training and technical assistance for faith- and community-based organizations to help them recruit and support foster parents.
- The Department enlisted the participation and coordination with our community stakeholders during the first Federal CFSR's PIP for child welfare services. **Over 200 trainings, community meetings, informational sessions, meetings and workgroups were held over the course of the PIP. This means there was one event held approximately every 3 days during the PIP.**
- CWSB continues to work with the State Continuous Quality Improvement (CQI) Council to review/analyze supervisory review data, case review findings and data gathered on specific cases.
- CWSB expanded funding and the scope of services for comprehensive service contracts to allow access by resource (foster) families.
- CWSB expanded efforts to locate, recruit and place children with extended family and kin. These efforts help to ensure permanency for children, increasing the identification of connections and placement resources within their own family.
- The Department participates in on-going collaborative groups, including the Child Welfare Services Advisory Council, and the Court Improvement Project.

### Initiatives and Programs

- **E kukakuka Mai Kakou No Na Kamali'i "Come and Let's Discuss the Children"- The Native Hawaiian" Aha (Gathering):** This is an effort to collaborate and partner with the Native Hawaiian community statewide to increase awareness of CWS' efforts to keep at-risk children with their 'ohana and in their communities whenever possible and discuss ways to help support children and families by increasing collaboration between the community and CWS.

The work continues Statewide, with communities taking ownership and organizing their own *aha* to develop their own strategies and resources to care for their keiki and 'ohana, prevent their children from coming into foster care and strengthening families to return the keiki to their birth parents or relatives.

- The Department will soon be implementing the use of a "family journal" which is a planning tool designed to assist the CWS worker in their engagement with families and to assist families identify and document the activities and services that they need to complete in order to reach the goal of reunification with their children.

- **Ma'ili Receiving Home-Ho'omalua O Na Kamali'i:** The Ma'ili Receiving Home opened on March 21, 2009. It is an on-call residential assessment center for abused or neglected children and families in the Waianae area. Its purpose is to keep siblings together, keep children in the same schools and neighborhood, conduct comprehensive medical and mental health assessments and facilitate accessible visits for the children and their families. Support services include support from elders and foster youth mentors in the community, family finding and Ohana conferencing services provided by EPIC Ohana.

Hawaii Self Storage Owner and Family Programs Hawaii Board Member Mike Wood donated \$1 million to the State in August 2007 to kick-start development of Ho'omalua O Na Kamali'i. The State provided the land, adjacent to the State's Ulu Ke Kukui temporary housing development that offers transitional housing for the Leeward Coast homeless. The Michael B. Wood family donated another \$200,000 for furnishings, fixtures and equipment last summer and will donate another \$8 million over the next 20 years, at \$400,000 a year, to assist in the operating costs of Ho'omalua O Na Kamali'i.

In addition, many individuals, businesses and even a middle school have donated substantial gifts to sponsor rooms and a playground and sports court. Stanford Carr Development donated the construction at cost. Others donated \$200 to a Brick Campaign to purchase an inscribed brick to be installed in the patio of the home.

- **Pohai Ke Aloha (Permanency Roundtables):** Modeled after the Georgia Permanency Project to accelerate permanency for youth in foster care. A series of Roundtable discussions are taking place throughout the year to talk about innovative ways of finding permanent homes for foster children. The discussion teams include CWS staff, a master permanency practitioner from CWS, a Casey consultant, a Cultural Consultant as applicable and available, a Community Consultant with expertise in permanency, and a former foster youth and `ohana.
- **Rapid Assessment Instruments (RAI):** The RAI is a standardized and validated tool from the Casey Family Programs which will assist CWS workers in engaging families, through an objective process, to complete timely and accurate assessments. The RAI helps identify the needs of families and children in CWS cases and assists in case planning. Tools are currently being used in East Hawaii, Kauai, Maui and two units on Oahu.
- **SHAKA-State of Hawaii Automated Keiki Assistance System:** SHAKA is a user-friendly data system being developed for CWS by Maui Community College designed to capture and manage case information to support safety, permanency and well-being outcomes. The system includes screens for intake screening, investigation, assessment, eligibility determination, service plans, case review/evaluation, monitoring case plans, court processing, financial management, linkage between CWS and other systems, and quality assurance project details.

## Looking Ahead

The CWSB will be striving to:

- Maintain the progress made as a result of the first federal CFSR's PIP.
- Ensure a stable and professional workforce.
- Sustain our ability to respond to emerging needs.

- Secure sufficient funding to ensure compliance with federal mandates and requirements.
- Strengthen our collaboration and partnerships between State and community stakeholders.
- Maintain our ability to access and utilize federal funding.

**Future Planned Improvements**

- To provide appropriate initial and on-going trainings to staff (e.g. domestic violence, how to engage with families, how to do a home visit) so that they will have the knowledge to conduct and analyze initial and on-going safety assessments. This is necessary so that appropriate individualized services are provided to meet the specific children and families.
- To make modifications on how the Department procures and contracts with its contracted providers so as to maximize the use of any reduced funding amounts without compromising the quality and quantity of services to children and families.
- To forge new collaborative relationships with Federal, State, City, and government agencies as well as community stakeholders to meet PIP2 goals.

**2) ADULT PROTECTIVE SERVICES in the ADULT AND COMMUNITY CARE SERVICES BRANCH (ACCSB)**

The Adult and Community Care Services Branch (ACCSB) provides Adult Protective Services to protect vulnerable adults by providing crisis intervention, including investigation and providing emergency services to vulnerable adults who are reported to be abused, neglected, or financially exploited by others or seriously endangered due to self-neglect.

**Program Goals**

Safety – Protection of Vulnerable Adults

- Respond to reports of abuse/neglect, including self-neglect, and financial exploitation of vulnerable adults.
- Maintain the number of vulnerable adults who are re-abused within any 12-month period to 5% or less.

**ADULT PROTECTIVE SERVICES**

	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>FY 09</b>
Reports investigated	598	514	575	625	630
Confirmed abuse or neglect	135	120	118	110	96
% confirmed	23%	23%	21%	18%	16%
Re-abuse within 12 month period	5.1%	5.8%	4.2%	1.8%	4.1%

**Adult Protective Services Outcomes**

In FY 2009, adult protective reports were received and investigated on 630 vulnerable adults: 80% of the reports involved individuals age 60 and older; 96 or about 16% of the reports investigated were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred for 4.1% of the confirmed reports.

## **Adult Protective Services Achievements**

The ACCSB is continuing a contract with the Department of the Attorney General to implement the Case Management for Elderly Victims of Crime Project on Oahu to provide services to elderly victims, age 60 and over, of abuse or neglect who have unmet needs. The contract includes federal funds for two social workers and a social service assistant to assist clients with accessing needed services, including financial management services. Funding is provided through the federal Victims of Crime Act (VOCA).

## **Planning for the Future**

The July 2009 implementation of the expansion of the Adult Protective Services Law, Act 154, SLH 2008, requires the Department of Human Services to reorganize existing resources and ACCSB staff. On Oahu, Hawaii, Maui, and Kauai, additional social work and nurse staff were trained to investigate and provide direct services to victims of vulnerable adult abuse and neglect. These staff will be available to serve additional clients as the expanded definition of--a vulnerable adult who may be in danger of abuse if immediate action is not taken--becomes more familiar to the public, and more reports are made to ACCSB. DHS has posted a fact sheet about the new law on the DHS Website to help the public to understand the new law.

## **CHAPTER FIVE: HEALTH**

The Department of Human Services helps low-income adults and children obtain needed health care through the federal Medicaid health insurance program. State-funded programs help provide health care for low-income adults and children and immigrant children and women who are not eligible for Medicaid. The various programs cover primary care, nursing facility and hospital care.

Innovative home and community-based programs help prevent premature institutionalization of vulnerable dependent adults and children by providing a continuum of comprehensive home and community-based services (HCBS) and Medicaid HCBS waiver programs and reduced costs to taxpayers in lieu of costly institutional long-term care services.

### **A. MED-QUEST DIVISION (MQD): Programs, Services, Achievements, and Looking Ahead**

The Med-QUEST Division administers the State's Medicaid and other health insurance programs. Medicaid, a federal program created by Congress in 1965, was designed to provide access to medical care for the low-income population. For FY 2009, the MQD had an annual budget of \$1,120,000,000 (including \$740,000,000 in federal funds) used for benefits and administration of the Medicaid program.

The MQD provides health insurance through several Medicaid programs under Title XIX of the Social Security Act. The health insurance coverage includes the Hawaii QUEST Managed Care (QUEST), the Hawaii QUEST Expanded Access managed care (QExA) and the Medicaid Fee-For-Service (FFS) programs. Other smaller health insurance programs include QUEST-Net, QUEST-ACE, Transitional Medical Assistance (TMA), State Children's Health Insurance program (S-CHIP), Federal and State-funded Coverage of Individuals with Breast and Cervical Cancer, and Special Programs for Medicare Beneficiaries. The MQD also administers the Immigrant Children's program and the Medical Assistance for Pregnant Legal Immigrants program which are both fully State-funded. Additionally, the MQD oversees the Funeral Payments program for the State.

These programs enable low-income adults and children maintain and improve their health by providing payment for medical, dental and other health care services within hospital, nursing home and home health settings, medications, and other related health care services, including transportation and burial services.

#### **Application and Eligibility**

There is a general application form for all Medical Assistance programs. A separate, simplified application form is used for pregnant women and children. All interested individuals are urged to apply, and the Department will place eligible persons in the appropriate program. There are basic eligibility requirements, including income and asset limits, which differ by "coverage groups", among which are children, pregnant women, the elderly, and the disabled.

Basic eligibility requires the applicant to: (1) be a U.S. citizen or qualified alien for individuals age 19 years and older (citizenship requirements may be waived for individuals under age 19); (2) be a Hawaii resident; (3) not be residing in a public institution, and (4) provide a Social Security number. Financial eligibility requires the applicant to be within income and asset limits. However, pregnant women and individuals under age 19 are not subject to an asset limit.

The MQD coordinates with other health insurers to ensure that Medicaid FFS and Medicaid QUEST recipients who have other health insurance coverage exhaust these benefits before FFS or QUEST benefits are utilized. The MQD also recovers medical expenses when FFS or QUEST recipients are injured in motor vehicle accidents and employment-related accidents, and when QUEST or FFS clients recover damages from malpractice suits, product liability suits, and other lawsuits. Under certain conditions, a claim may also be filed against the estate of a deceased Medicaid recipient for funeral, burial, or medical expenses.

The MQD Eligibility Branch (EB) staff processed 101,794 applications in FY 2009. The EB also provided assistance to the Benefit, Employment and Support Services Division (BESSD) for their medical cases. Altogether, the MQD oversaw the provision of health care to more than 235,000 eligible residents. EB staff continues to actively work with community agencies and groups to ensure easy access to health insurance and swift problem resolution.

In FY 2008, there were 7,092 more residents receiving medical assistance than in FY 2007. In FY 2009, there were 22,714 more residents receiving medical assistance than in FY 2008.

RECIPIENT GROWTH IN FY 2008 and FY 2009								
Enrollment	Jun-07	Jun-08	Growth	% Increase	Jun-08	Jun-09	Growth	% Increase
Oahu	137,210	138,730	1,520	1.1	138,730	150,425	11,695	8.43
Kauai	9,702	10,749	1,047	10.79	10,749	12,604	1,855	17.26
Hawaii	39,730	42,409	2,679	6.7	42,409	47,913	5,504	12.98
Maui	16,225	17,810	1,585	9.8	17,810	21,142	3,332	18.71
Molokai	2,200	2,406	206	9.4	2,406	2,645	239	9.93
Lanai	330	385	55	16.7	385	474	89	23.12
Statewide	205,397	212,489	7,092	3.5	212,489	235,203	22,714	10.69

**The Federally Qualified Health Centers (FQHCs):** DHS has funded an outreach program to assist families with children in the completion of applications and submission to the MQD for medical assistance eligibility determination.

Applications from FQHCs in FY 2007, FY 2008, FY 2009						
Date	East-HI	West-HI	Kauai	Maui	Oahu	Total
<b>FY 2007</b>	560	810	328	1,288	3,725	6,711
<b>FY 2008</b>	622	457	352	1,701	4,010	7,142
<b>FY 2009</b>	1,005	541	269	1,935	4,053	7,803

**Pregnant Women and Children's Application:** The MQD continued to expedite the application process for pregnant women and children, through the use of the Medical Assistance Application for Children and Pregnant Women Only Form (DHS 1108). Use of this simplified form (called the "Pinkie") assists the Department to achieve the goal of processing pregnant women applications within 5 working days of receipt of the completed application by the Department.

At the end of FY 08, the number of pregnant women receiving medical assistance was 8,104 compared to 7,508 at the end of FY 07. At the end of FY 09, the number of pregnant women receiving medical assistance was 8,837 compared to 8,104 at the end of FY 08.

## **1) HAWAII QUEST MANAGED CARE (QUEST)**

The QUEST program serves eligible individuals who are under age 65 and are not blind or disabled. The income range for eligibility for adults and for children from ages 6 to under 21 is up to 100% of the Federal Poverty Level (FPL). For children ages 1 to under 6 years, the income range for eligibility is up to 133% of the FPL. For newborns and children under one year of age, the income range for eligibility is up to 185% of the FPL. QUEST participants may choose from among participating managed health plans throughout Hawaii, knowing that all plans offer the same required benefits as well as their own optional benefits. Beneficiaries choose their primary care provider from among the provider network of their respective medical plans. The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are covered on a fee-for-service basis.

QUEST enrollment was 169,324 at the end of FY 2008 and 191,575 at the end of FY 2009.

Benefits under QUEST include:

- Inpatient hospital care – medical, surgical, and rehabilitation care, inpatient psychiatric and detox, maternity and sub acute;
- Outpatient hospital care – emergency room, ambulatory surgical centers and outpatient psychiatric;
- Prescription drugs (generic unless unavailable), maintenance prescription drugs, prenatal vitamins, and birth control pills for adults;
- Laboratory, radiology, and diagnostic;
- Biological and medical supplies including medical equipment and appliances;
- Physician services;
- Podiatry;
- Whole blood;
- Eye examination, refraction, and eyeglasses;
- Prosthetic devices, including hearing aids;
- Transportation to, from, and between medical facilities, including inter-island or out-of-state air transportation, food and lodging when necessary;
- Nursing facility services and home health;
- Respiratory care services;
- Hospice care services; and
- Dental services – individuals under 21 have full dental benefits, adults have emergency care only.

## **2) HAWAII QUEST EXPANDED ACCESS MANAGED CARE (QExA)**

The QUEST Expanded Access (QExA) program was implemented during FY 2009 to include seniors, 65 years and older and individuals of all ages with disabilities to receive service coordination, outreach, improved access, and enhanced quality healthcare services coordinated by health plans through a managed care delivery system and to expand program services to include long-term care services, both institutional and home and community-based waiver services.

In QExA, the clients, with a few exceptions, receive their primary, acute, and long-term care services through a managed health care plan. The long-term care services offered include both home and community-based services (HCBS) as well as institutional care (nursing facilities). The two health plans that contract with the MQD for the QExA program are Evercare QExA and `Ohana Health Plan.

MQD continues to participate in numerous statewide meetings with a coalition of government and community agencies for input regarding the outcomes of implementation of the QExA program.

Choice for initial health plan enrollment was offered to FFS clients who were transitioning into the QExA program from October 1, 2008 through January 9, 2009. During initial enrollment, over 75% of the QExA eligible clients chose their health plan which is a very strong choice outcome for Medicaid programs nationwide.

A QExA Ombudsman program was established to help clients who were having difficulty with the QExA program. MQD works with the Hilopa'a Family to Family Health Information Center to help QExA clients resolve their issues. Hilopa'a's center is staffed with veteran moms and caregivers of individuals with a disability. In their role, they are uniquely qualified to help QExA clients address their concerns.

MQD is monitoring the outcomes of the QExA program as well as ensuring that the QExA health plans meet their contractual obligations. During the 2009 Legislative Session, MQD partnered with both the Senate's Health and Human Services Committees to develop a QExA Dashboard. This monthly Dashboard looks at areas such as client demographics, provider networking, call center statistics, and both client and provider complaints, to name a few. The Dashboard is one step that the MQD has taken towards public monitoring of health plan outcomes.

At the end of FY 2009, there were 40,733 clients enrolled in the QExA program.

### **3) MEDICAID FEE-FOR-SERVICE (FFS)**

The FFS program is for individuals who meet the medical assistance eligibility requirements of QUEST or QExA but are not enrolled in a health plan. Typically this covers the period until a recipient selects or is assigned to a health plan as well as any retroactive coverage prior to health plan enrollment. Dental services are also provided on a FFS basis. In the FFS program, the State reimburses any participating Medicaid provider for covered services provided to eligible recipients.

At the end of FY 2008, there were 41,781 participants enrolled in the FFS program.

At the end of FY 2009, with the transition of the Medicaid Waiver Aged, Blind and Disabled (ABD) population to the QExA managed care program, there were 2,895 enrolled in the FFS program due to most of the population being enrolled in QExA.

### **4) EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT (EPSDT)**

The Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program offers additional services for all Medicaid clients under 21 years of age with no co-payment requirement.

EPSDT provides coverage for:

- Complete medical and dental examinations;
- Hearing, vision and laboratory tests;
- Immunizations and skin tests for tuberculosis;
- Assistance with necessary scheduling and transportation upon request; and
- Additional needed treatment for conditions detected during screening.

<b>Annual EPSDT Participation Report</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007*</b>	<b>FY 2008</b>	<b>FY 2009</b>
Total individuals eligible	125,902	126,344	146,659	132,459	145,702
Total screens performed	90,273	91,323	92,301	100,104	109,272

\* Some data may be inflated due to positive enrollment that occurred in FY07. Positive enrollment led to greater flexibility between health plans.

### **5) QUEST-NET**

The QUEST-Net program offers adult beneficiaries limited health care benefits, although children in QUEST-Net receive the same complete benefits as in the QUEST program including EPSDT. To be eligible for QUEST-Net, beneficiaries must first have been enrolled in the QUEST or FFS programs and subsequently lost coverage due to increasing income, assets, or other qualifying reasons. The income range for QUEST-Net can be up to 300% of the FPL and some members may have to pay a monthly premium share.

Maternity benefits are not covered under the QUEST-Net program, but once an adult female is determined pregnant, she may apply for the QUEST program and, when deemed eligible, receive full maternity benefits including prenatal vitamins.

QUEST-Net enrollment was 1,193 at the end of FY 2008 and 1,107 at the end of FY 2009.

### **6) QUEST-SPENDDOWN**

The QUEST Spenddown program provides medical and dental coverage to certain families and children who, because of their income, are not eligible for coverage under the QUEST program. QUEST Spenddown is also available to clients who are QUEST-Net recipients who have a medical need for which QUEST-Net coverage is exhausted or is not provided.

To qualify, a family's monthly gross income must be more than the FPL but not exceed 300 % of the FPL for a family of applicable size. The family must also have monthly medical bills that are equal to or greater than the family's excess income. The spenddown amount is the family's excess income amount. In any month that the family is eligible, the family is responsible to pay for medical bills up to the spenddown or excess income amount. Any remaining medical bills in excess of the spenddown amount will be paid by the QUEST Spenddown program if it is an eligible QUEST service.

QUEST Spenddown enrollment as of June 2009 was 2,280 individuals. In June 2008, QUEST Spenddown enrollment was 2,416.

### **7) QUEST-ACE (Adult Coverage Expansion)**

The QUEST-ACE program, implemented in March 2007, provides the same limited health care benefits as the QUEST-Net program. Unlike QUEST-Net, to qualify for QUEST-ACE, an individual need not have been previously enrolled in either QUEST, QExA or FFS. QUEST-ACE provides medical coverage to adults between age 19 and older. DHS currently pays the premium for those individuals who qualify under the QUEST-ACE income and asset tests.

To receive QUEST-ACE benefits, an individual must be:

- An adult 19 years or older;
- In a household with countable income that does not exceed 200% FPL; and
- Without other insurance coverage, unless the individual is a financial assistance recipient who participates in the Department's Grant Diversion or Supporting Employment Empowerment (SEE Hawaii Work) programs.

The coverage package is not as comprehensive as the QUEST package, but includes physician visits, hospital stays, emergency room visits, surgery, diagnostic tests, dental, immunizations and a limited drug formulary.

For FY 2009, the countable annual income could not exceed 200% of the Federal Poverty Level (FPL), or \$24,936 for a single adult and \$33,528 for a married couple per year.

For FY 2010, the QUEST-ACE program will continue to cover uninsured adults, which will result in the strengthening of the State's health safety net. QUEST-ACE coverage will lessen the amount of uncompensated care costs for health care providers. MQD will continue to expand public awareness of the QUEST-ACE program throughout FY 2010. The State of Hawaii was required to meet an enrollment benchmark of 3,500 enrollees by June 30, 2010 which has already been achieved in FY 2009.

QUEST – ACE enrollment was 3,909 in FY 2008 and 8,089 in FY 2009.

## **8) TRANSITIONAL MEDICAL ASSISTANCE (TMA)**

Prior to the Welfare Reform Act of 1996, a person who was eligible for Aid to Families with Dependent Children (AFDC), the predecessor to the current TANF program, was automatically eligible for Medicaid. The Welfare Reform Act delinked TANF and Medicaid eligibility and concurrently created Section 1931 of the Social Security Act to provide health coverage to persons who formerly would have been eligible for both AFDC and Medicaid.

Previously, when a recipient lost AFDC eligibility due to increased earnings or work hours, the recipient was entitled to AFDC Transitional Medicaid for up to twelve months. Under Section 1931 provisions, a recipient who qualifies for medical assistance using Section 1931 standards can receive free medical assistance. When a recipient loses Section 1931 status, continued free medical coverage for up to twelve months is provided under the provisions of Section 1925 of the Social Security Act.

To be eligible for the Section 1925 extension, a family must: (1) have been eligible under Section 1931 provisions in three of the past six months, (2) have lost Section 1931 eligibility due to increased earnings or loss of earned income exemptions of a family member, and (3) the family must include a child under age 19. To be eligible for the second six-month extension, the family must include a child under 19 and report income and child care information. In addition, free medical assistance can be provided for a four-month period to recipients who lose Section 1931 eligibility due to increased child or spousal support.

At the end of FY 2007, TMA program enrollment was 5,062. At the end of FY 2008, TMA program enrollment was 4,493. At the end of FY 2009, TMA program enrollment was 4,619.

## **9) STATE CHILDREN'S HEALTH INSURANCE PROGRAM (S-CHIP)**

S-CHIP was created to help states expand health coverage to more children whose parents may be working, but do not earn enough to pay for private coverage for their children. In Hawaii, S-CHIP was implemented as a Medicaid expansion program. Currently, eligible blind and disabled

children receive coverage through the QUEST Expanded Access (QExA) program. Those who are not blind or disabled are covered under the QUEST managed care program. To avoid confusion by the public, S-CHIP is not referenced as a separate program. Instead, the QExA and QUEST programs are identified as providing coverage to all eligible children.

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes not exceeding 300% of the FPL. In 2008, this was a monthly income of \$5,061 for a three-person household and a monthly income of \$6,096 for a four-person household. In 2009, this was a monthly income of \$5,265 for a three-person household and a monthly income of \$6,342 for a four-person household. There is no asset test requirement for this program.

At the start of FY 2008, federal funds covered 69.55% of the program costs, and the State's Tobacco Settlement Funds covered the remaining 30.45%. Enrollment in S-CHIP increased from 15,984 in FY 2007 to 18,787 in FY 2008.

For FY 2009, federal funds covered 68.58% and the State's Tobacco Settlement Funds covered 31.42% of the program's cost. Enrollment in S-CHIP increased from 18,787 in FY 2008 to 21,153 in FY 2009. This significant increase in enrollment was due to the withdrawal of previously issued letters of August 17, 2007 and May 7, 2008 from the Centers for Medicare & Medicaid Services (CMS) that limited enrollment in S-CHIP to children with family incomes above 250% FPL and required a cost-sharing.

The withdrawal of both CMS letters by President Obama on February 4, 2009, allows Hawaii to claim enhanced federal funds for children with family incomes over 200% but not exceeding 300% of the FPL. Previously, State-only funds could be expended for that income group of children.

## **10) IMMIGRANT CHILDREN'S PROGRAM**

Hawaii provides fully State-funded coverage for immigrant children who are barred from participating in the Medicaid program for the first five years of their U.S. residency. The program provides legal immigrant children under age 19 with family income not exceeding 300% of the FPL, the same services as provided under the Medicaid FFS and QUEST programs.

At the end of FY 2007, there were 3,236 children enrolled in this program. At the end of FY 2008, there were 3,466 children enrolled in this program. At the end of 2009, there were 3,825 immigrant children enrolled in this program and 3,432 children who were from the Compact of Free Association (COFA) nations.

On February 4, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was signed into law by President Obama as Public Law No. 111-3. CHIPRA strengthens and extends the State Children's Health Insurance Program (S-CHIP) from April 1, 2009 to September 30, 2013.

As an option, CHIPRA allows states to implement the provisions of Section 214 that eliminates the five-year waiting period that prevents lawfully residing immigrant children under age 19 from receiving Federal medical assistance. CHIPRA also allows states the option to provide coverage to eligible citizens from a country that has a COFA agreement with the United States, including the Republic of the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau.

Hawaii requested and CMS gave federal approval of Hawaii's request to implement Section 214 of CHIPRA effective April 1, 2009. As a result, these approximately 6,890 lawfully residing immigrant children will be treated the same as other lawful resident aliens who have resided in the United States for over five years.

## 11) MEDICAL ASSISTANCE FOR PREGNANT LEGAL IMMIGRANT WOMEN

This fully State-funded program was implemented on July 1, 2004. This program makes medical assistance available to eligible pregnant legal aliens, aged 19 and older, from the onset of their pregnancy to the month in which the 60-day postpartum period ends. The eligibility requirements and coverage provisions are identical to those for pregnant women in the federally-funded medical assistance programs except for the age requirements and the non-applicability of the five-year waiting period for legal immigrants to receive Medicaid coverage. The income range for eligibility is up to 185% of the FPL.

There were 200 participants for FY 2007, 203 participants for FY 2008 and 188 participants for FY 2009.

As stated earlier, on February 4, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was signed into law by President Obama as Public Law No. 111-3. CHIPRA strengthens and extends the State Children's Health Insurance Program (S-CHIP) from April 1, 2009 to September 30, 2013.

As options, CHIPRA also allows states to implement the provisions of Section 214 that eliminates the five-year waiting period that prevents lawfully residing immigrant pregnant women from receiving Federal medical assistance and allows states to provide coverage to eligible citizens from a COFA nation.

Hawaii requested and CMS gave federal approval of Hawaii's request to implement Section 214 of CHIPRA effective April 1, 2009 to cover legal immigrant women.

## 12) BREAST AND CERVICAL CANCER PROGRAM

Medicaid FFS is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix as allowed by Public Law 106-354. These individuals must be screened and diagnosed by a physician approved by the Hawaii Breast and Cervical Cancer Control Program of the Department of Health. In addition, they cannot have medical coverage that would pay for the treatment of their breast or cervical cancer, and their gross family income cannot exceed 250 % of the FPL. Assets are not considered in determining eligibility. In FY 2007, 23 individuals, in FY 2008, 16 individuals, and in FY 2009, 31 individuals, received coverage from this program.

Hawaii also provides the same coverage to women, who are legally admitted immigrants and are barred from any federally-funded medical assistance program or are citizens of the Marshall Islands, the Federated States of Micronesia, or Palau, through a look-alike program funded entirely with State funds. The State companion program for individuals with breast and cervical cancer was established in 2001 by the Hawaii Legislature under Act 278. In FY 2007, only 1 individual, in FY 2008, 2 individuals, and in FY 2009, 4 individuals received coverage from this program.

### Breast and Cervical Cancer Program Recipients

Program	July 2007	July 2008	July 2009
Federal Breast Cancer	21	15	29
Federal Cervical Cancer	2	1	2
State Breast Cancer	1	2	4
State Cervical Cancer	0	0	0

### **13) FUNERAL PAYMENTS PROGRAM**

The Funeral Payments program provides partial funeral expense payments to qualified applicants, up to a maximum of \$400 for mortuary expenses and \$400 for burial expenses. Any person may apply for the deceased. Applicants need to apply for funeral benefits with the Med-QUEST Division before making the funeral arrangements. For FY 2008, there were 464 payments processed. For FY 2009, there were 1,124 payments processed. The increase in funeral payments is due to MQD revising data tracking.

The deceased person may be eligible if qualifying under one of the following two categories:

- Person who is eligible for medical or financial assistance from the State, or
- Unclaimed body, meaning the person died without any known or surviving relatives and friends, or the deceased person died without any legally responsible relatives (for example, the deceased did not have a spouse or legal guardian).

### **14) THIRD PARTY LIABILITY PROGRAM**

The Third Party Liability (TPL) program ensures that Medicaid FFS, QUEST and QExA recipients who have other health insurance coverage exhaust these benefits first before Medicaid FFS, QUEST or QExA benefits are utilized. This is to ensure that the Medicaid Program is the payor of last resort. As such, the State Medicaid agency and/or its designated agents must make active efforts to cost-avoid or recover Medicaid payments made on claims for which other coverage was available at the time that health care services were rendered.

The Department of the Attorney General (State Claims Unit), the TPL contractor, Affiliated Computer Services (ACS), and other health insurance providers such as the QUEST Health Plans (HMSA, Kaiser and AlohaCare), the QExA Health Plans (Ohana and Evercare), Medicare, CHAMPUS, the Veteran's Administration, and Worker's Compensation coordinate to help to contain Medicaid program expenses by recovering Medicaid expenses when accident or liability insurance is liable and by cost-avoiding medical expenses when a recipient has other health insurance coverage.

The TPL contractor (ACS) recovers medical expenses on the agency's behalf when Medicaid FFS, QUEST or QExA recipients are injured in motor vehicle or employment related accidents, and when Medicaid FFS, QUEST or QExA recipients recover damages from malpractice suits, product liability suits, and other lawsuits related to slip and fall injuries, and assaults.

The Attorney General's State Claims Unit also places liens on home property of Medicaid recipients confined in Nursing Homes and files claims against a deceased recipient's estate when real property is involved. The ACS TPL Contractor identifies health insurance coverage by following up on insurance leads, and conducts Medicaid recovery activities on deceased recipients subject to estate recovery by filing small estate claims. The QUEST and QExA Health Plans help to contain medical expenses by identifying and reporting their members' other health insurance coverage, cost-avoiding medical expenses and recovering accident claims.

### **15) MEDICARE MODERNIZATION ACT - MEDICARE PART D**

Under the federal Medicare Modernization Act of 2003 (MMA) effective January 1, 2006, Medicare, instead of Medicaid, now provides prescription drug coverage for more than 26,600 (FY 2007) and 35,106 (FY 2008) Medicaid recipients who also have Medicare insurance. FY 2009 data will not be available until 2/28/2010. Drug coverage is provided through Medicare Part D Prescription Drug Plans (PDPs). The PDPs are responsible for the prescription drugs for the Medicare eligible population much like commercial health plans are responsible for medical

services of an enrolled membership. Medicaid will still provide prescription drug coverage for some drugs that are excluded for coverage by the MMA.

The Medicare Part D program affected approximately two-thirds of the Aged, Blind and Disabled (ABD) recipients in the Medicaid FFS program as they are dual-eligibles, having both Medicare and Medicaid eligibility. Under the Medicare Part D program, the dual eligible individuals were auto-assigned by CMS into Prescription Drug Plans (PDP). The Medicaid FFS program continues to provide coverage for medically necessary “excluded” drug classes, which Medicaid has covered in the past. So dual eligibles continue to have coverage for their medically necessary drugs with a combination of Medicare Part D and Medicaid coverage.

## **16) STATE PHARMACY ASSISTANCE PROGRAM (SPAP)**

The State Pharmacy Assistance Program (SPAP) began on January 1, 2006, in response to the initiation of the Medicare Prescription Drug Benefit Program. The SPAP provides drug co-payment assistance to elderly or disabled individuals who have Medicare insurance and whose income does not exceed 150% of the FPL (earning no more than \$18,696 per year for one person and \$25,140 per year for a two-person family in FY 2009). This program is fully State funded.

The SPAP covers the cost of co-payments required under the various Medicare Part D drug plans: \$1.10 per script for generic drugs and \$3.20 per script for branded drugs for beneficiaries with incomes up to 100% FPL; and \$2.40 per script for generic drugs and \$6.00 per script for branded drugs for beneficiaries whose incomes exceeds 100% FPL but does not exceed 150% FPL.

For FY 2009 (July 1, 2008 through June 30, 2009), the Department expended \$1,294,717 in State-only funds on eligible prescription drug co-payments for persons who are both Medicare and Medicaid eligible with incomes not exceeding 150% of the FPL.

From the previous State fiscal year, the number of participating residents (includes residents up to 150% FPL) increased 12.5% from 35,106 to 39,514, while expenditures increased 0.4% from \$1,289,837 to \$1,294,717.

## **17) HAWAII RX PLUS PROGRAM**

The implementation of the Hawaii Rx Plus program in July 2004 enabled the State to offer a prescription drug discount program to all Hawaii residents with incomes equal to or less than 350% of the FPL and who have no prescription drug coverage or insufficient prescription drug coverage. The application process is simple and quick. To apply, a Hawaii resident only has to answer three questions: 1) are you a resident of the State, 2) are all available drugs covered by your drug insurance all of the time, and 3) what is your income for the last 12 months. After signing and submitting their application, eligibility is determined and two membership cards are issued within 72 hours of application, one to the eligible applicant and one to their household. This program was designed to reduce the cost of prescription drugs to qualified participants through a simple application process.

At the close of FY 2009, 98,950 members were enrolled in the Hawaii Rx Plus program compared to 100,583 members enrolled in FY 2008.

The Hawaii Rx Plus program continued to experience a decrease in membership during FY 2009. The number of members who utilized their Hawaii Rx Plus benefits began to decline in the second quarter of FY 2006. This was expected as the federal Medicare Part D program was implemented on January 1, 2006. Hawaii Rx Plus members who were Medicare beneficiaries became eligible for prescription drug coverage from the new Medicare Part D Prescription Drug Plans (PDP). Members with Medicare were very likely to find it more cost-effective to obtain medications from the Medicare Part D PDPs rather than through Hawaii Rx Plus, where the

pricing is based on the Medicaid discount price. These members may choose to limit their Hawaii Rx Plus utilization for coverage of the Medicare Part D deductibles and periods of non-coverage (the Medicare Part D “doughnut hole”).

Medicare Part D provides actual prescription drug coverage to seniors and disabled persons of any age who are eligible for Medicare. By contrast, Hawaii Rx Plus offers only Medicaid pricing to discount the cost of drugs to its members.

The number of members who used Hawaii Rx Plus benefits also declined in FY 2007 to 3,353 members compared to 6,858 members who used Hawaii Rx Plus benefits in FY 2006. The number of members who used Hawaii Rx Plus benefits declined again in FY 2008 to 2,473 members and remains stable at 2,474 for FY 2009.

In FY 2008, prescriptions for 3,162 brand name drugs and 14,434 generic drugs were filled. Hawaii Rx Plus participants who opted for brand name drugs experienced average savings of approximately 13.1% and those who requested generic drugs saved an average of 33.9%. The total drugs savings to our residents was \$224,252.50.

**Price Savings Comparison for FY 2008**

Category	Number of Prescriptions	Ingredient Cost plus Dispensing Fee	Retail Pricing Comparison	Cost Savings	Savings in %
Brand	3,162	\$288,441.82	\$332,011.52	\$43,570.70	13.1%
Generic	14,434	\$352,046.98	\$532,728.78	\$180,681.80	33.9%
Totals	17,596	\$640,487.80	\$864,740.30	\$224,252.50	25.9%

In FY 2009, prescriptions for 2,440 brand name drugs and 12,380 generic drugs were filled. Participants who opted for brand name drugs experienced average savings of approximately 12.0% and those who requested generic drugs saved an average of 38.7%. The total average savings were 28.2%.

**Price Savings Comparison for FY 2009**

Category	Number of Prescriptions	Ingredient Cost plus Dispensing Fee	Retail Pricing Comparison	Cost Savings	Savings in %
Brand	2,440	\$254,308.02	\$289,054.56	\$34,746.54	12.0%
Generic	12,380	\$275,866.21	\$449,816.02	\$173,949.81	38.7%
Totals	14,820	\$530,174.23	\$738,870.58	\$208,696.35	28.2%

**Prescription Costs FY 2008 and FY 2009**

	FY 2008	FY2009	Comparison of FY 2008 to FY 2009
Average Generic Prescription Cost	\$24.39	\$22.28	Decrease 8.7%
Average Prescription Cost	\$36.40	\$35.69	Decrease 2.0%
Brand Multi Source Prescription Cost	\$50.33	\$86.46	Increase 71.8%
Brand Single Source Prescription Cost	\$94.56	\$106.12	Increase 12.2%

Hawaii Rx Plus had received \$2,966.89 in so-called "rebates" from January 1, 2006 to April 30, 2007. The Department received clarification from the Pharmacy Benefit Manager (PBM) for the Hawaii Rx Plus program that the moneys received are not "normal rebates" per se but actually compensation for data provided to its third party partner. Currently, \$0.10 to \$0.15 per claim is received in exchange for the data and this compensation amount can change at any time. The data provided does not include any Personal Health Information that can identify any specific member.

This is the only form of "rebates" that the PBM has been able to obtain for the Hawaii Rx Plus program. The PBM has also clarified that discount card programs like the Hawaii Rx Plus program are not eligible for "normal rebates" that are provided to funded programs, i.e., programs funded by an entity such as Medicaid, union health insurance plans, or State employee health insurance plans, that have a set formulary as opposed to an open formulary like the Hawaii Rx Plus program.

## **18) MEDICAID WAIVER PROGRAM**

The Developmentally Disabled/Mentally Retarded Home and Community-Based Services (DD/MR HCB) Program, was established in 1983 to serve individuals with developmental disabilities and mental retardation living in the community who are Medicaid-eligible and certified as requiring ICF-MR (Intermediate Care Facility-Mental Retardation) level of care. The Departments of Human Services and Health collaborate to administer and implement this program and to maximize Federal Medicaid reimbursement.

A total of 2,462 individuals were served in FY 07, 2,531 individuals were served in FY 08 and 2,414 individuals were served in FY 09.

## **19) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

During FY 2009, the U.S. Department of Health and Human Services issued new HIPAA guidance in the American Recovery and Reinvestment Act (ARRA) passed by Congress. The new HIPAA rules increased compliance penalties for the legal entities covered by the HIPAA regulations. DHS as a legal entity will need to review, and if necessary, update internal processes and policies to meet the new requirements.

MQD continually monitors Federal HIPAA Privacy, Security and Transaction and Code Set compliance throughout the Division. New State identity theft laws and recent incidents of data security breaches throughout the nation emphasize the need for a robust and adequately staffed information security compliance program. The DHS Information Security Compliance team (ISCT) continues to review and develop strategies to protect and prevent data security breaches.

## **LOOKING AHEAD**

- **GOING HOME PLUS PROGRAM**

In May 2007, MQD received a \$10.3 million "Money Follows the Person" grant from CMS to transition MQD clients from an institution (i.e., nursing facility, acute care hospital or ICF-MR facility) into the community. The Going Home Plus program is the continuation of an already established Going Home program, which has successfully transitioned over 800 Medicaid clients from acute care hospitals into the Residential Alternatives Community Care program (RACCP). The planning for the Going Home Plus program started in the fall of 2007 through use of a stakeholders planning group which includes a coalition of community partners and government agencies. Program development continues in FY 2008 and as of the end of FY 2009, the Going Home Plus program had one member. Members of the Going Home Plus program can transition from nursing facilities

to either a RACCP home or to their own home with services. Despite a slow start in FY 2009, the program continues to expand and is currently up to 5 members.

- **PROGRAM FOR ALL CARE FOR THE ELDERLY-RURAL PACE**

In November 2007, the MQD, Hale Makua and Kaiser Hospital submitted a joint application to CMS to offer Rural PACE services on the Island of Maui. PACE is a comprehensive health and long-term managed care program that provides services for elders certified as requiring nursing facility care (minimum intermediate care facility or ICF) through a fixed per-person per-month rate. Individuals must voluntarily select PACE which includes primary medical care provided by a PACE physician. At the end of FY 2009, the Maui PACE program had six members.

Information on the Med-QUEST Division and programs can be found at [www.med-quest.us](http://www.med-quest.us).

## **B. SOCIAL SERVICES DIVISION (SSD): Programs, Services, Achievements, and Looking Ahead**

### **ADULT AND COMMUNITY CARE SERVICES (ACCS)**

The Social Services Division's Adult and Community Care Services Branch (ACCSB) administered innovative programs to help prevent premature institutionalization of frail and disabled adults and children by providing a continuum of comprehensive home and community-based services.

In February 2009, the Med-QUEST Division (MQD) implemented its QUEST Expanded Access (QExA) Managed Care Program to provide comprehensive medical assistance and home and community-based services for eligible aged, blind and disabled (ABD) individuals. Clients who had been eligible for home and community-based services in ACCSB and who were eligible for QExA were transferred to MQD for the continuation of their services. These clients were the recipients of adult day care services, adult foster care services, chore services, and services provided through the Medicaid Waiver Programs.

All eligible QExA clients who were actively receiving services in ACCSB were transferred to MQD effective February 1, 2009. In addition, the administration of the Medicaid Waiver Programs that had been a part of ACCSB was transferred to MQD. The Medicaid Waiver Programs included: 1) Nursing Home Without Walls Program; 2) Residential Alternatives Community Care Program; 3) Home and Community-Based Services for Persons with Developmental Disabilities/Mental Retarded Retardation; 4) HIV Community Care Program; and 5) Medically Fragile Community Care.

### **Program Goals**

#### Prevention of Premature Institutionalization

- Provide a continuum of comprehensive home and community-based services.
- Increase the availability and choices of home and community-based service alternatives for frail and disabled adults and children.
- Maximize federal funds for reinvestment to expand home and community-based service alternatives.

The ACCSB home and community-based services include:

Adult Day Care assists a limited number of disabled adults with placement into and the cost for licensed adult day care services in the community. To receive adult day care services, an

individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department. Services may also be provided without regard to income in adult protective service situations.

Licensure of Adult Day Care Centers is a statutory requirement (HRS §§ 346-81 to 346-85) that is implemented by ACCSB staff.

Adult Foster Care provides placement and case management services to eligible clients in licensed adult residential care homes. To receive adult foster care services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department.

Chore Services provides essential housekeeping services to enable eligible disabled clients to remain in the community. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department. Services may also be provided without regard to income in adult protective service situations.

Foster Grandparent Program provides stipends to low income seniors to assist children with special and exceptional needs in schools, Head Start sites, and non-profit organizations.

Respite Companion Service Program is an employment program that provides low income older adults the opportunity to learn job readiness skills at designated adult day care and day health facilities with the goal of preparing them for employment opportunities.

Senior Companion Program provides stipends to low income older adults who provide in-home companionship and limited personal care to frail elders and provide respite and relief for caregivers.

Retired and Senior Volunteer Program enhances the lives of older adults by recruiting and linking older adults with volunteer opportunities in the community. Program volunteers are able to utilize their experience, knowledge, and skills to help social service agencies meet important community needs.

#### **ACCSB Program Achievements in FY 2009**

- Institutionalization was prevented or delayed for 2,646 frail elders, and disabled adults and children in the State: 1,600 through the chore services program, 50 through the adult day care program, 55 through adult foster care services, and 941 individuals who reside in Community Care Foster Family Homes.
- The Senior Companion Program enrolled 91 individuals in FY09. This accounts for 99,703 hours of service to 227 clients.
- The Respite Companion Service Program enrolled 54 individuals in FY09. Enrollees participated in 1,350 hours of job training and provided 36,587 hours of service work.
- The RSVP Program has enlisted 614 senior volunteers who provided 95,271 hours of service at various community organizations.
- The Foster Grandparent Program provided 125 foster grandparents who worked with 831 children with special needs, with 106,064 hours of service (an average of 848 hours annually per foster grandparent).
- A total of 34 adult day care centers were licensed statewide.

## HOME AND COMMUNITY BASED SERVICES CLIENTS

PROGRAM	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY 09 Actual
Chore	1,605	1,339	1,155	1,600
Adult Day Care	63	51	68	50
Adult Foster Care	64	51	45	55
Senior Companion*	113 / 264	102 / 293	96 / 271	91 / 227
Respite Companion**	56 / N/A***	41 / 25,809	51/32,001	54/36,587
Foster Grandparent****	160 / 810	155 / 750	140 / 703	125 / 831
RSVP*****	N/A	753 / 53,170	676 / 106,024	614 / 95,271
Medicaid Waiver Programs				
NHWW	950	961	927	N/A
RACCP	1,233	1,434	1,790	N/A
DD/MR HCBS	2,318	2,462	2,531	N/A
HCCP	64	58	56	N/A
MFCC	58	56	50	N/A
PACE <sup>+</sup>	86	87	-----	N/A
Medicaid Waiver Total	4,795	5,058	5,354	

\* # of Senior Companions / # of clients served

\*\* # of Respite Companions/ \*\*\*work is now in group settings, e.g., day care and health care facilities and no longer with individual clients. FY 07 data represents number of Respite Companions and hours of service. FY08 and FY09 data represent # of clients served at group settings

\*\*\*\* # of Foster Grandparents served / # of children with special needs served annually.

\*\*\*\*\* RSVP program was established in January 2007. # of senior volunteers / hours of service. FY07 data represents the time period from January to June 2007.

### Looking Ahead

- Purchase of service (POS) contracts for adult day care services and chore services were discontinued for FY 2009. All of the clients for adult day care services and most of the clients for chore services were transferred to the QExA program in MQD for continued services.
- ACCSB will continue to provide adult foster care services and chore services to eligible individuals who do not meet eligibility requirements for MQD's QExA Program. Effective July 2010 (FY 2010), approximately 66 individuals received chore services and 10 individuals received adult foster care services.
- A POS contract for personal care services with Hale Mahaolu on Maui was extended, with one-time funding through the Federal Title XX Block grant until June 30, 2010, to allow the provider time to seek other sources of funding.
- Also in July 2009, ACCSB assumed the responsibility of certifying education programs that provide nurse aide certification training. Formerly this program was in the Med-QUEST Division, but it was determined that a more appropriate place was in ACCSB. The programmatic responsibility for this certification program is provided by a program staff RN who works with a POS provider which carries out the actual certification on behalf of the Department. There are currently 22 schools with 38 sites statewide, and new requests for certification are received every month.

## **CHAPTER SIX: DHS ADMINISTRATION AND SUPPORT SERVICES**

### **A. DHS ADMINISTRATION**

The Office of the Director has the primary responsibility for the operations of the DHS. The Director is appointed by the Governor and confirmed by the Senate, and is assisted by the Deputy Director.

Five Staff Offices support the DHS Administration, operating divisions, and attached agencies.

The Administrative Appeals Office (AAO) currently provides administrative due process hearings in contested cases for the Department. The AAO has contracts with 12 attorneys in private practice to conduct hearings through appointment by the Director of Human Services under Hawaii Revised Statutes §346-12. The AAO receives approximately 1,200 administrative hearing requests and referrals annually and it issues about 700 administrative hearing decisions each year. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of departmental rules.

The Fiscal Management Office (FMO) provides staff assistance and advisory services for the administrative functions of fiscal management and housekeeping services. The FMO formulates policies and procedures and administers the Department's central accounting, funds management, client and vendor payment, employee payroll, inventory management, contracting, purchasing, records management, office space allocation, and central mail distribution functions. The FMO also provides consultative and technical advisory services in these functional areas.

The Management Services Office (MSO) provides research, budget, quality assurance, program and financial evaluation, and assessment capabilities to enable the DHS to oversee its programs and to make effective decisions concerning those programs. The MSO conducts studies, analyses, evaluations, and reviews to ensure regulatory compliance, achievement of stated goals and objectives, and effective and efficient departmental programs and services and use of resources.

The Office of Information Technology (OIT) is responsible for the overall administration, planning, direction, management, development, implementation and maintenance of all Information Technology (IT) and Information Systems processing for the Department statewide. The OIT provides project planning and management, business application systems development and maintenance, systems software and hardware management, tele-communications and network management and support, technical training, and operates the Data Center including computing facilities management, data control and technical help desk functions located in the Queen Liliuokalani Building basement. The OIT also oversees the administration of the dedicated DHS Mainframe system complex and all hardware peripherals located at the Department of Accounting and General Services (DAGS) Information and Communication Services Division (ICSD), separate from the State's mainframe system. Additionally, this office also directs and coordinates all IT matters within and between the DHS and other State and county agencies, federal agencies, and commercial hardware and software vendors including private consultants.

The Personnel Office (PERS) oversees the personnel programs of the Department, including recruitment, examination and placement, position description, classification and pricing analysis, labor relations, civil rights, employee safety and relations, employee training and development, personnel transactions, and maintenance of personnel records.

## **B. INVESTIGATION AND RECOVERY OFFICE (INVO)**

The INVO provides investigative services in support of the DHS' efforts to discover, investigate, report, and prosecute crimes that violate the law and/or administrative rules for programs administered by the BESSD. In addition to prosecutions, the INVO disqualifies clients found to have provided false eligibility information and recovers, to the maximum amount practicable, moneys due the DHS as a result of overpayments. The INVO also conducts investigations of malfeasance within the Department.

### New Fraud Cases

97 new criminal judgments were processed and the information established in HARI (Hawaii Accounts Receivable Integrated system - DHS Overpayment Collection system).

### HARI Claims

320 non-fraud and IPV claims were manually inputted or modified in HARI.

### Referrals/Inquiries

Responded to 363 referrals/inquiries from clients, Eligibility Units, BESSD Program Office, FMO, etc.

### Restitution Monitoring of Probationers

An average caseload of 507 individuals on probation for theft/welfare fraud convictions and deferral pleas were monitored for payments.

### Locates

184 individuals with outstanding felony arrest warrants were located for the Sheriff's Office. 85 individuals were located for the social service programs.

### Fleeing Felons

Fleeing Felons Project: 125 financial/food stamps HAWI cases with total yearly benefit of \$752,196 were closed.

Research conducted on 196 inquiries from current and past fleeing felon lists.

Research conducted for 460 inquiries from BESSD Units for names not on fleeing felon lists.

### Parole/Probation Violators, Drug Convictions

Research conducted for 32 inquiries.

### Federal Treasury Offset Program (TOP)

Completed reviews on or entered into repayment agreements in the 75 pre-tax referrals and completed reviews on the 201 tax intercept referrals received.

### Bureau of Conveyances

23 criminal judgments were filed with the Bureau of Conveyances to secure restitution owed DHS.

### Lump Sum Payments

Received overpayment payoffs totaling \$49,025 from 6 clients due to criminal judgment lien (1), probation monitoring (4), and Attorney General civil action (1).

### Bankruptcy

15 cases were processed for write-off due to bankruptcy discharge.

### Deceased

247 debtors were confirmed deceased and the information updated in HARI.

Collections and Recoveries -\$4,215,883.22 recovered in Calendar Year 2008.

<b>FY 2009</b>	<b>OAHU</b>	<b>MAUI</b>	<b>KAUAI</b>	<b>HILO</b>	<b>KONA</b>	<b>TOTAL</b>
<b>COMPLAINTS</b>	817	151	74	161	56	1,259
<b>REFER TO ATG</b>	47	10	5	13	2	77
<b>INDICTED/PVC</b>	40	9	8	6	3	66
<b>CONVICTED</b>	53	10	2	17	5	87
<b>REFER ADH</b>	92	3	0	0	0	95
<b>ADH GUILTY</b>	39	2	0	0	0	41
<b>ADH WAIVERS</b>	110	34	12	10	7	173
<b>REFER TO ATG</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
FINANCIAL	454,509	5,541	14,351	42,636	18,597	535,634
FOOD STAMPS	273,385	34,641	15,626	63,845	8,970	396,467
MEDICAL	163,571	20,742	3,175	53,612	3,890	244,989
CHILD CARE	175,194	29,059	0	0	8,123	212,376
OTHER	88,337	0	0	5,315	4,050	97,702
<b>TOTAL</b>	<b>1,154,996</b>	<b>89,983</b>	<b>33,152</b>	<b>165,408</b>	<b>43,629</b>	<b>1,487,168</b>
<b>INDICTED</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
FINANCIAL	332,211	5,541	28,587	30,956	19,475	416,770
FOOD STAMPS	281,304	34,641	25,582	31,001	10,695	383,223
MEDICAL	76,951	20,742	8,354	39,875	4,544	150,467
CHILD CARE	132,637	19,205	0	0	8,123	159,965
OTHER	10,288	0	0	0	4,050	14,338
<b>TOTAL</b>	<b>833,391</b>	<b>80,129</b>	<b>62,523</b>	<b>101,832</b>	<b>46,887</b>	<b>1,124,762</b>
<b>CONVICTED</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
FINANCIAL	442,886	36,668	600	87,083	16,964	584,201
FOOD STAMPS	303,840	36,263	2,442	56,350	14,634	413,529
MEDICAL	90,880	35,286	0	26,432	4,544	157,143
CHILD CARE	165,633	3,640	0	2,310	5,025	176,608
OTHER	121,625	28,068	0	28,148	11,669	189,509
<b>TOTAL</b>	<b>1,124,864</b>	<b>139,925</b>	<b>3,042</b>	<b>200,323</b>	<b>52,836</b>	<b>1,520,990</b>
<b>REFER ADH</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
FINANCIAL	34,317	0	0	0	0	34,317
FOOD STAMPS	46,220	8,149	0	0	0	54,369
MEDICAL	0	3,931	0	0	0	3,931
CHILD CARE	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
<b>TOTAL</b>	<b>80,537</b>	<b>12,080</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>92,617</b>
<b>ADH &amp; WAIVERS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
FINANCIAL	115,280	11,225	446	826	2,754	130,531
FOOD STAMPS	122,388	34,958	8,660	4,334	2,788	173,128
MEDICAL	930	12,392	0	0	0	13,322
CHILD CARE	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
<b>TOTAL</b>	<b>238,598</b>	<b>58,575</b>	<b>9,106</b>	<b>5,160</b>	<b>5,542</b>	<b>316,981</b>

## **CHAPTER SEVEN ATTACHED AGENCIES**

Two agencies, the Office of Youth Services (OYS) and the Housing and Community Development Corporation of Hawaii (HCDCH) and two commissions, the Hawaii State Commission on the Status of Women and the Commission on Fatherhood are attached to the DHS for administrative purposes.

### **A. OFFICE OF YOUTH SERVICES (OYS): Programs, Services, Achievements, and Looking Ahead**

The Office of Youth Services (OYS) was established by the Legislature in 1989 and administratively attached to the DHS. The OYS provides and coordinates a continuum of services and programs in every county for youth-at-risk, to prevent delinquency and reduce the incidence of recidivism. Although a core responsibility of the OYS is to manage and operate the State's only Hawaii Youth Correctional Facility (HYCF), the agency places great emphasis on providing and supporting "front end" prevention, diversion, and intervention services.

#### **Programs & Service Areas**

The OYS focuses on seven programs and service areas that address youth's needs from prevention to incarceration and aftercare. The following is a brief description of the programs and services the OYS provides.

##### **1) Positive Youth Development (PYD)**

The PYD programs offered by 22 private providers funded by the OYS served over 4,200 youth, including urban and rural youth. Targeted were youth who were homeless, truant, in foster care and group homes, pregnant and parenting youth, and youth at-risk who had contact with the police. Because these youth were at-risk for educational failure or involvement in the juvenile justice system, services and activities aim at helping these youth develop resiliencies so they can successfully transition to young adulthood.

##### **2) Youth Gang Prevention and Intervention**

The OYS funded youth gang prevention and intervention services that included development and implementation of community response teams and gang mediation services. Targeted were youth ages 11 – 18 who were engaging in either emergent or more serious gang behavior. Services were provided by Adult Friends for Youth and the City and County of Honolulu, and included community mobilization efforts, strategies for gang prevention and intervention, and formal mediation services for youth gang members.

##### **3) Truancy Prevention and In-School Suspension**

In collaboration with the Department of Education, the OYS offered services to enhance school engagement and performance in order to ensure educational success for at-risk youth and their families. Targeted were youth ages 7-18 who were at-risk for truancy and chronic absences. The three funded agencies provided service activities that promote attendance, attachment, and achievement to ensure educational success.

##### **4) Attendant Care**

Attendant Care provided arrested status offenders and non-violent law violators ages 10 – 17 with a safe, secure alternative to police lock-ups and 24-hour access to immediate crisis intervention

services, assessment services, referral services, and short-term case management services. The program ranges from one-to-one supervision (attendant care) for youth whose parents cannot be contacted to short-term case management and/or access to emergency shelter services for youth needing longer stays. These services helped to divert juveniles from further involvement with the juvenile justice system and to provide immediate intervention at the point of arrest. In FY 09, over 200 youth were served by four OYS-funded contracts.

#### **5) Community-Based Outreach and Advocacy**

The OYS provided intervention case advocacy services to youth whose unhealthy, risky behaviors placed them at-risk for initial or further penetration into the juvenile justice system. Four funded providers identified and engaged youth and family in order to provide intake and assessment, assist in creating a youth/family driven service plan, to support youth/family in accessing services, and to provide follow-up to ensure services were properly provided. In FY09, over 280 youth were served by the OYS-funded providers.

#### **6) Community-Based Residential Services**

Youth who cannot or will not remain at home were served by community-based residential programs that helped these youth prepare for return to community living by improving their decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Under the umbrella of 19 contracts, seven different providers offered a range of residential programs on all major islands, helping over 200 youth to remain on their respective islands near family and other community support systems. These residential programs included:

- Emergency Shelters for youth ages 10—18 who were recently arrested status offenders, non-violent law violators, or intoxicated youth, or troubled, abused, or neglected youth requiring short-term shelter and related services that addressed a present crisis.
- Independent Living Programs for youth ages 17—22 who were troubled, abused, neglected, or adjudicated, and lack the attitudes, skills, and resources for independent living.
- Level I Non-Intensive Programs for youth ages 12—18 who were troubled, abused, neglected, or adjudicated, and who had been identified as moderate risk in one or more areas of need.
- Level II Intensive Programs for youth ages 12—19 who were troubled, abused, neglected, or adjudicated, identified as high risk in one or more areas of need, unable to function in a pro-social manner without constant supervision and support, and assessed as high flight risk.
- Statewide Ke Kama Pono (“Children of Promise”) Safe Houses are community-based residential alternatives for troubled youth who are at-risk of penetrating into the juvenile justice system. A diversion from institutional settings, such as the Juvenile Detention Home and/or the Hawaii Youth Correctional Facility, at Ke Kama Pono troubled youths receive needed guidance and support through a highly structured, closely supervised residential program in a rehabilitative environment.

The initial Safe House opened its doors in Honoka’a on the Big Island in December 2005. In FY08 – 09, the Honoka’a Safe House successfully served 14 girls bringing the total to 49 girls served since its inception. During FY09 three additional Safe Houses were built in Kona, Wailuku, and Kalaeloa for boys.

The Ke Kama Pono Safe House program continues to help youth reintegrate back into their community, with most demonstrating improvements in mental health, physical health, educational achievement, civic responsibility, social skills, vocational skills, and the ability to resist substance abuse.

## **7) The Hawaii Youth Correctional Facility (HYCF)**

The primary purpose of the HYCF is to provide safe and secure housing for the most violent and dangerous juvenile offenders who pose a threat to the community. The HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each youth ward. The programs conducted within the facility are intended to be a part of this effort to provide guidance and opportunities for positive changes in the behavior of the youth.

## **8) Federal Grant Programs**

In addition to the service areas, the OYS also oversees and manages a variety of federal grant programs that enable the State to improve the juvenile justice and education systems and/or implement local programs and services for youth. These federal grant programs are from:

### **The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP)**

In 1974, Congress enacted the federal Juvenile Justice and Delinquency Prevention (JJDP) Act to improve the effectiveness of the juvenile justice system. The OYS is the State agency designated by the Governor to manage the OJJDP formula block grant programs and the State Advisory Group (SAG), appointed by the Governor, provides policy recommendations to the Governor, the Legislature, and the OYS, as well as overseeing the administration of the following JJDP Act programs:

- **JJDP Act, Title II, Formula Grants Program** that enables states to meet and maintain compliance with the four core requirements of the JJDP Act, support delinquency prevention efforts, and improve the juvenile justice system. The core requirements require the deinstitutionalization of status offenders, removal of law violators from jails and lockups, elimination of sight and sound contact between juveniles and adult offenders, and reduction of the disproportionate numbers of youth of ethnic minority who come into contact with the law.
- **JJDP Act, Title V, Incentive Grants for Local Delinquency Prevention Program** is aimed at reducing delinquency and youth violence by supporting local communities in implementing delinquency prevention programs. Grants were made to the counties that are in compliance with core requirements of the JJDP Act.
- **Juvenile Accountability Incentive Block Grant (JAIBG)** provided funds to states and units of local government to promote greater accountability in the juvenile justice system. Through this program, juvenile offenders were held accountable for their wrongdoing by individualizing their consequences to make them aware of and answerable for the loss, damage, or injury perpetuated upon victims.

### **U.S. Department of Education, Title IV, Part A, Safe and Drug Free Schools and Communities Act (SDFSCA) State Formula Grants, Governor's Program**

The OYS administered the Governor's program which is 20% of the total amount of this award received by the State for the purpose of fostering safe and drug-free learning environments and supporting academic achievement. The Governor's portion is primarily awarded to community-

based agencies that provide drug-use prevention and violence prevention activities for populations needing special services, such as drop-outs, suspended and expelled students. The services also targeted youth between the ages of 10 to 19 who had contact with the police, or were experiencing social, emotional, psychological, educational, moral, physical or similar problems, or who were of ethnicities over-represented within the juvenile justice system.

### **U.S. Department of Health and Human Services--Title XX Block Grant**

The OYS utilizes funding from the Title XX Block Grant Program to provide services to at-risk youth and youth in need of foster care. A primary goal of this grant is to increase the level of self-sufficiency for youth and prevent institutionalization within the social welfare or juvenile justice systems.

### **OYS Achievements in FY 2009**

#### **In-Community Programs**

OYS continued funding for over 80 contracts to community-based agencies to enhance the continuum of services offered within geographic regions and to address the needs of at-risk youth and their families statewide. Over 10,000 children and youth were served under the umbrella of these contracts in FY09.

In response to Act 158, SLH 2008, the OYS collaborated with the Benefits, Employment and Support Services Division to procure contracts for services funded by Temporary Assistance for Needy Families (TANF) federal funds relating to Teen Pregnancy Prevention (Purpose 3) through Non-School Hours Positive Youth Development Programs for youth at-risk. Contracts were funded with six community agencies statewide to provide non-school hour program services, ranging from instructions in the creative arts to life-skills building through music therapy.

The OYS continued contract oversight and the completion of the grants-in-aid Capital Improvement Projects for *Nanakuli Teen Center* and *Nanakuli Youth Education Town (YET) Center* that serve as drop-in centers for positive youth development activities and services for residents on the Leeward Coast of Oahu.

The OYS provided training and workshops for contractors and community, including the Forgiveness Project Training of Trainers; Solution-Focused Outreach Practices for providers; NJDA training of HYCF staff and community; compliance training on OJJDP requirements for police and detention staff; and gender-specific training for HYCF, providers, and the Family Court.

The OYS helped to facilitate the implementation phase following the selection of Hawaii as a Juvenile Detention Alternatives Initiative (JDAI) Program Site by the Annie E. Casey Foundation. The OYS is partnering with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to implement JDAI which focuses on detention reform efforts. Implementation of JDAI core strategies will help to eliminate inappropriate or unnecessary use of secure detention, minimize failures to appear and incidences of delinquent behavior, redirect public finances to successful reform strategies, improve conditions in secure detention facilities, and reduce minority over-representation in the juvenile justice system.

The OYS staff continued to provide professional support to the Juvenile Justice State Advisory Council (JJSAC). Its members take an active role on both the state and national level in supporting juvenile justice reform and attention to juvenile justice issues. The JJSAC funded eight programs/research activities in 2008 with federal funds from the Office of Juvenile Justice and Delinquency Prevention.

## **Hawaii Youth Correctional Facility**

In 2005, the Hawaii Youth Correctional Facility (HYCF) was sued under the Civil Rights of Institutionalized Persons Act (CRIPA) filed by the U.S. Department of Justice (DOJ) on behalf of the incarcerated youth wards. In February 2006, the lawsuit was settled through a Memorandum of Agreement (MOA) between the State of Hawaii and the DOJ.

Since that time, considerable progress has been made in working towards substantial compliance with the terms of the MOA. Policies and Procedures have been developed and implemented to reflect contemporary juvenile corrections standards and practices, ranging from suicide prevention to behavioral management to security measures. The number of permanent security positions has increased from 55 to 76. As a result, greater supervision is provided, enhancing safety for youth and staff. In 2008, a Training Center opened with three staff to provide pre-service and in-service training to current and new staff.

HYCF continues to see great fluctuations in its population (from 66 to 84 in FY 2009). New programs are being developed and implemented to expand the rehabilitative opportunities available to our youth, including much needed transitional services for youth exiting the facility. These programs will not only assist with population control but also reduce recidivism by better preparing our youth for adult life in the community.

### **OYS Focus in FY 2010**

- Improve provider accountability to ensure that youth programs meet the needs of children and communities.
- Collect outcomes data in order to improve program performance and youth success.
- Prioritize youth needs and enhance fiscal responsibility to ensure that moneys are being directed to meet the most serious needs of youth.
  - Research local youth issues and leverage resources to address these issues.
- Participate in the Juvenile Detention Alternatives Initiative (JDAI) Program that promotes detention reform efforts.
- Increase community input on programs and mobilize community resources.
- Improve conditions and programs at the HYCF.
- Lower recidivism rates.

### **Provider Focus in FY 2010**

- Improve reporting systems and reduce paperwork for both contractors and the OYS.
- Provide training opportunities for contractors, HYCF staff, and community. Provide compliance training to meet OJJDP requirements for police and detention staff.
- Maintain continuity in programs and services for youth and their families.
- Explore partnerships with public and private funding resources to maintain and enhance service capacity for the community.

## **B. HAWAII PUBLIC HOUSING AUTHORITY (HPHA)**

The Hawai'i Public Housing Authority (HPHA) administers and manages State and Federal low-income public housing and subsidy programs, as well as services to assist the homeless.

HPHA operates 5,331 federal low-income public housing units and 864 State public housing units throughout Hawaii. Although the demand for public housing far exceeds the limited supply, improvements in the time it takes to turn around and re-rent units when they become vacant

ensure that the number of people being housed is maximized. In addition, HPHA has formed a public-private partnership to redevelop the State's largest public housing complex, Kuhio Park Terrace/Kuhio Homes, into a contemporary mixed-income neighborhood, with added affordable and senior housing options, while ensuring that no public housing units will be lost.

To reduce the impact of rising energy costs and help move Hawaii toward its energy independence goals, HPHA is negotiating an Energy Services Agreement, under which a private contractor will install energy and water saving fixtures, appliances and systems in public housing projects, with expected utility cost savings large enough to not only pay for the improvements and the contract, but also provide extra operating funds for the agency.

The federally funded Section 8 Housing Choice Voucher (HCV) Program and the State funded Rent Supplement Program enable low-income families and elderly persons to obtain private market-rate housing. These programs help families or individuals find housing in communities of their choice by supplementing their monthly rent payments.

For FY 2009, HPHA averaged 1,800 families in the HCV program, at a cost of \$18.5 million in federal funds, and 380 families in the Rent Supplement Program at a cost of about \$874,000 in State funds.

The Homeless Services Branch administers State and federal homeless grants to assist homeless families and individuals, as well as those in danger of becoming homeless. Homeless Services contracts with private non-profit groups and coordinates programs with other government agencies. Services include outreach and assessment to identify an individual's or family's needs and connect them with facilities and services; emergency shelters to provide safe, decent housing alternatives to living on the streets; and transitional housing to provide appropriate supportive services such as job training, childcare, substance abuse treatment, mental health services and life skills instruction. During FY 2009, the Homeless Services Branch contracted with 32 nonprofit agencies, which provided 43 shelter sites and eight outreach service sites.

For more information on the HPHA go to [www.hpha.hawaii.gov/](http://www.hpha.hawaii.gov/).

### **C. COMMISSION ON THE STATUS OF WOMEN (HSCSW): Programs, Services, Achievements, and Looking Ahead**

The Hawaii State Commission on the Status of Women (HSCSW) was established on May 15, 1964, by executive order of the Governor and made permanent by Act 190, Session Laws of Hawaii 1970. The HSCSW was established to aid in the implementation of recommendations, to develop long range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawaii.

In its 45 years, the Commission has worked to ensure women and girls full and equal coverage under the law by informing governmental and non-governmental agencies and the public of women's rights, opportunities, contributions, and responsibilities; advocating for the enactment or revision of laws and/or policies that eliminate gender discrimination; identifying and supporting programs and projects that address women's concerns and needs; and establishing and maintaining an active presence in the community by facilitating information dissemination, acting as a liaison, clearinghouse, and coordinating body for issues relating to women. The HSCSW is the statewide link between the Honolulu, Maui, Kauai and Hawaii County Committees on the Status of Women, and the University of Hawaii President's Commission on the Status of Women.

In the recent past, the HSCSW has functioned in a diminished capacity due to budgetary and consequently staffing restriction. In 2005 we began the process of revitalizing the HSCSW. A

new Executive Director, Sharon Ferguson-Quick, has been hired to head the office, along with an administrative services assistant.

The work of the HSCSW is largely based upon effective public/private partnerships and its networking among a variety of diverse boards, coalitions, professional and community groups and organizations. Its efforts address a wide range of issues impacting women and girls, including education and employment; the social, political and legal arenas; and in economics and healthcare. HSCSW continues to connect with the women of the State and to actively represent them during the Legislative Session. HSCSW once again took up its role of supporting women's organizations in the community by Chairing the Hawaii Women's Coalition.

Our goal now is to revitalize the programs of the Hawaii State Commission on the Status of Women, strengthen the statewide link between the HSCSW and the Committees on the Status of Women, and continue working to impact the lives of women and girls in the State of Hawaii.

## **Future Plans**

- ***Women's Health Month***

September is Women's Health Month in Hawaii. Women's Health Month was initiated in 1994 by the HSCSW with the purpose of maximizing public awareness of women's health issues, empower women to be their own health advocates, reduce health care disparities, and promote the physical and emotional well-being of women in Hawaii. For the 15th year, the Hawaii State Commission on the Status of Women has organized Women's Health Month. The goal of Women's Health Month is to widely communicate that women's health is more than the absence of disease; it encompasses physical, mental, emotional and social well-being. The month of events include educational workshops, health fairs, lectures, fitness activities and other special events. The HSCSW will continue to grow this signature event.

- ***Hawaii Women's History***

The HSCSW began collecting interviews to establish the Hawaii Women's Oral History Collection. The official opening of the collection, making it available to the public, was Women's History Month 2007. The goal of the collection is to record the women's stories in their own voices, to have them tell their own stories to enable them to speak to Hawaii's future, sharing their wisdom and knowledge. We hope the women's community will embrace the Hawaii Women's Oral History Collection and work with us to ensure their stories and those of the women who have touched their lives are told. HSCSW will encourage statewide events highlighting the contributions of women in the community, including those in keeping with the 2009 national theme of *Women Taking the Lead to Save our Planet*. The 2009 theme highlighted environmental issues and women's role in championing this cause so vital to our island home. Donna Wong as our 2009 Women's History Month Honoree represented these talented and committed women. For 2010 the theme will be *Writing Hawaiian Women Back into History* and will celebrate the 30<sup>th</sup> anniversary of the nation's women's history month tradition.

- ***Ready to Run™***

*Ready to Run™* is a bi-partisan effort to recruit and train women to run for all levels of public office. Its mission is to promote greater knowledge and understanding about women's participation in politics and government and to enhance women's influence and leadership in public life. This one-day training presents a unique opportunity for potential women candidates and campaign managers to hear directly from prominent elected and appointed leaders, campaign consultants, and party officials about how to get ready to run. *Ready to Run™* is for women considering seeking public office, running for higher office, or working on a campaign and will

build a strong foundation for the HSCSW's mandate of *educating women on their political rights and responsibilities*.

- ***Wage Club***

The WAGE (Women are Getting Even) Project has launched a collaborative grassroots program designed to help close the wage gap between women and men at work. Across the country, women are coming together to talk about the wage gap and what they can do to get even. Wage Club Model of forming collaborations with organizations in our local community to examine, educate and tackle this issue will be a core area for the HSCSW in the future.

- ***Legislative Agenda***

HSCSW works with the Hawaii Women's Coalition, made up of organizations and individuals focused on women's advocacy, to participate in the legislative process and advocate on issues and strengthen laws impacting women, children and families on areas such as economic security, employment, housing, health, elder care, voting, and women offenders.

- ***Women's Safety***

HSCSW works with a coalition of state, military and non-governmental agencies on domestic violence awareness and advocacy issues and projects, including work as part of the Domestic Violence Awareness Month in the State of Hawaii and with other non-profits to present a month long anti-violence conference focused on anti sex-trafficking. The conference goal was to prevent violence against women and girls through education and art. HSCSW works to raise the awareness of women's issues and exposes young women to positive role models and more choice on how to avoid violent.

### **Looking Ahead**

One of the major challenges for the Hawaii State Commission on the Status of Women will be reconnecting with the women of the community and those organizations focused on supporting them. We have begun to re-evaluate the needs of women in the State and design programs to address them while strengthening our national and international connection to women's advocacy.

## **D. HAWAII COMMISSION ON FATHERHOOD**

The Commission on Fatherhood serves in an advisory capacity to State agencies to promote healthy family relationships between parents and children and promotes involved, nurturing, and responsible fatherhood. The presence of fathers has a positive impact on the lives of their children, as reflected in better school performance, fewer high-risk behaviors, higher self-esteem, and less substance abuse. The Commission makes recommendations on programs, services, and contracts relating to children and families.

## APPENDIX I

### THE BUDGET FOR FISCAL YEAR 2009

#### By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	206	Federal Assistance Payments	0.00	\$2,035,806
BESSD	211	Cash Support for Families Pursuing Self-Sufficiency	0.00	\$79,182,284
BESSD	212	Cash Support for Aged, Blind & Disabled Individuals	0.00	\$31,055,304
BESSD	236	Case Management for Self-Sufficiency	629.00	\$32,944,543
BESSD	237	Employment and Training	0.00	\$1,688,755
BESSD	302	General Support for Child Care Services	43.00	\$7,929,347
BESSD	305	Cash Support for Child Care	0.00	\$56,662,565
BESSD	903	General Support for Self-Sufficiency Services	125.00	\$65,479,529
MQD	401	Health Care Payments	0.00	\$1,236,504,803
MQD	902	General Support for Health Care Payments	247.00	\$29,344,825
SSD	301	Child Protective Services	545.50	\$65,274,434
SSD	303	Child Protective Services Payments	0.00	\$61,911,679
SSD	601	Adult Community Care Services Branch	117.50	\$16,877,520
SSD	605	Community-Based Residential Support	0.00	\$17,125,395
SSD	901	General Support for Social Services	47.00	\$5,300,584
VRSBD	238	Disability Determination	45.00	\$5,838,171
VRSBD	802	Vocational Rehabilitation	122.50	\$19,191,060
HCDCH	220	Rental Housing Services	224.00	\$52,901,038
HCDCH	222	Rental Assistance Services	19.00	\$26,796,419
HCDCH	224	Homeless Services	5.00	\$15,480,806
HCDCH	225	Private Housing Development and Ownership	11.00	\$7,070,534
HCDCH	229	HCDCH Administration	40.00	\$12,416,143
OYS	501	In-Community Youth Programs	24.00	\$12,525,292
OYS	503	Hawaii Youth Correctional Facility	125.00	\$10,234,135
CSW	888	Commission on the Status of Women	1.00	\$158,079
ADMIN	904	General Administration of the DHS	<u>190.00</u>	<u>\$6,297,968</u>
<b>DHS TOTAL:</b>			<b>2,560.50</b>	<b>\$1,878,227,018</b>

## APPENDIX II

DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT & SUPPORT SERVICES DIVISION

### STANDARD OF ASSISTANCE FOR FINANCIAL AND FOOD STAMP PROGRAMS

<b>FINANCIAL ASSISTANCE PROGRAM - MONTHLY ALLOWANCE STANDARD (Effective April 1, 2009)</b>														
HH SIZE	SON	1 SOA	2 SOA	3 SOA	HH SIZE	SON	1 SOA	2 SOA	3 SOA	HH SIZE	SON	1 SOA	2 SOA	3 SOA
1	939	469	375	234	6	2568	1284	1027		11	4197	2098	1678	
2	1265	632	506	316	7	2894	1447	1157		12	4523	2261	1809	
3	1590	795	636		8	3220	1610	1288		13	4849	2424	1939	
4	1916	958	766		9	3545	1772	1418		14	5175	2587	2070	
5	2242	1121	896		10	3871	1935	1548		15	5500	2750	2200	
										15+	+326			

- *Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.*
  1. *Standard of Assistance is 50% of the Standard of Need, applicable to AFDC, AABD categories, and Refugees receiving GA, effective July 1, 2007.*
  2. *Standard of Assistance is 40% of the Standard of Need, applicable to mandatory work required AFDC households, effective July 1, 2007.*
  3. *Standard of Assistance is 25% of the Standard of Need, applicable to GA category, effective April 1, 2009. The standard shall be established by the department and shall not exceed 25% of the Standard of Need.*
- *Excludes medical care costs which are met in full by the Department through its Medicaid Program*
- *Excludes Food Stamp bonus (additional benefits) which varies by family size and net income*
- *Emergency assistance due to natural disaster provided.*
- *Recipients for the cost of replacing or repairing household appliances (refrigerator & stove) limited to cost not to exceed \$350.*

Amount of assets disregarded:	AFDC cases:	\$5,000 regardless of family size
	GA, AABD, SSI Cases	\$2,000 - 1 person; \$3,000 - couple

<b>FEDERAL FOOD STAMP ACT (Effective April 1, 2009)</b>											
HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan	HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan	HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan
1	1296	997	314	6	3539	2722	1491	11	5783	4447	2592
2	1745	1342	575	7	3987	3067	1648	12	6232	4792	2828
3	2193	1687	824	8	4436	3412	1884	13	6681	5137	3064
4	2642	2032	1046	9	4885	3757	2120	14	7130	5482	3300
5	3090	2377	1243	10	5334	4102	2356	15	7579	5827	3536
								15+	+449	+345	+236

- HH with an elderly or disabled person must meet Monthly Net Income limits.

Amount of assets disregarded:	Households with at least one member age 60 or older:	\$3,000 regardless of family size
	Households with a totally disabled person	\$3,000 regardless of family size
	Other households including 1 person households:	\$2,000 regardless of family size
Standard Deduction:	For household size of 5 members or less	\$203
	For household size of 6 members or more	\$226
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$601
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

<b>TITLE XVI OF SOCIAL SECURITY ACT (Effective January 1, 2009)</b>										
<b>AABD-SSI Updated Summary of State Supplemental Payment Plan for SSI Recipients (5.8% Increase)</b>										
Living in:	Independent Arrangement		Household of Another		Domiciliary Care Type 1 (5 or less residents)		Domiciliary Care Type 2 (6 or more residents)		Medical Institution (Medicaid Certified Facility) Personal Needs Allowance (PNA)	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>1/09-12/09</b>	<b>07/07-07/07-</b>
Federal	674.00	1011.00	449.00	674.00	674.00	1011.00	674.00	1011.00	30.00	60.00
State	0	0	0	0	651.90	1640.80	759.90	1856.80	20.00	40.00
<b>Total</b>	<b>674.00</b>	<b>1011.00</b>	<b>449.00</b>	<b>674.00</b>	<b>1325.90</b>	<b>2651.80</b>	<b>1433.90</b>	<b>2867.80</b>	<b>50.00</b>	<b>100.00</b>

\*Effective: 04/01/09, GA dec. to 25% of the SON and SNAP inc. TFP by 13.6 %.

## APPENDIX III

DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT & SUPPORT SERVICES DIVISION

### STANDARD OF ASSISTANCE FOR FINANCIAL AND FOOD STAMP PROGRAMS

<b>FINANCIAL ASSISTANCE PROGRAM - MONTHLY ALLOWANCE STANDARD (Effective July 1, 2009)</b>														
HH SIZE	SON	1 SOA	2 SOA	3 SOA	HH SIZE	SON	1 SOA	2 SOA	3 SOA	HH SIZE	SON	1 SOA	2 SOA	3 SOA
1	939	450	360	450	6	2568	1232	986		11	4197	2014	1611	
2	1265	607	485	607	7	2894	1389	1111		12	4523	2171	1736	
3	1590	763	610		8	3220	1545	1236		13	4849	2327	1862	
4	1916	919	735		9	3545	1701	1361		14	5175	2484	1987	
5	2242	1076	860		10	3871	1858	1486		15	5500	2640	2112	
										15+	+326			

- *Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.*
  1. *Monthly Assistance Allowance is 48% of the Standard of Need, applicable to AFDC, AABD categories, and Refugees receiving GA, effective July 1, 2009.*
  2. *Monthly Assistance Allowance is reduced by 20% of the Monthly Assistance Allowance, applicable to mandatory work required AFDC households, effective, July 1, 2009.*
  3. *Monthly Assistance Allowance is 48% of the Standard of Need, applicable to GA category, effective July 1, 2009.*
- *Excludes medical care costs which are met in full by the Department through its Medicaid Program*
- *Excludes Supplemental Nutrition Assistance Program (additional benefits) which varies by family size and net income*
- *Emergency assistance due to natural disaster provided.*
- *Recipients for the cost of replacing or repairing household appliances (refrigerator & stove) limited to cost not to exceed \$350.*

Amount of assets disregarded:	AFDC cases:	\$5,000 regardless of family size
	GA, AABD, SSI Cases	\$2,000 - 1 person; \$3,000 - couple

<b>FEDERAL FOOD STAMP ACT (Effective October 1, 2009)</b>											
HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan	HH Size	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan	HH Size	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan
1	1350	1039	314	6	3679	2830	1491	11	6009	4624	2592
2	1816	1397	575	7	4145	3189	1648	12	6475	4983	2828
3	2282	1755	824	8	4611	3547	1884	13	6941	5342	3064
4	2748	2114	1046	9	5077	3906	2120	14	7407	5701	3300
5	3214	2472	1243	10	5543	4265	2356	15	7873	6060	3536
								15+	+466	+359	+236

- HH with an elderly or disabled person must meet Monthly Net Income limits.

Amount of assets disregarded:	Households with at least one member age 60 or older:	\$3,000 regardless of family size
	Households with a totally disabled person	\$3,000 regardless of family size
	Other households including 1 person households:	\$2,000 regardless of family size
Standard Deduction:	For household size of 1 through 4 members	\$198
	For household size of 5 members	\$205
	For household size of 6 members or more	\$235
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$618
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

<b>TITLE XVI OF SOCIAL SECURITY ACT (Effective January 1, 2009)</b>										
AABD-SSI Updated Summary of State Supplemental Payment Plan for SSI Recipients (5.8% Increase)										
Living in:	Independent Arrangement		Household of Another		Domiciliary Care Type 1 (5 or less residents)		Domiciliary Care Type 2 (6 or more residents)		Medical Institution (Medicaid Certified Facility) Personal Needs Allowance (PNA)	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	07/07-	07/07-
Federal	674.00	1011.00	449.00	674.00	674.00	1011.00	674.00	1011.00	30.00	60.00
State	0	0	0	0	651.90	1640.80	759.90	1856.80	20.00	40.00
<b>Total</b>	<b>674.00</b>	<b>1011.00</b>	<b>449.00</b>	<b>674.00</b>	<b>1325.90</b>	<b>2651.80</b>	<b>1433.90</b>	<b>2867.80</b>	<b>50.00</b>	<b>100.00</b>

\*Effective, 10/01/09; SNAP Cost-of-Living adjustments to the standard and shelter deduction, and the gross and net income eligibility standards.